

CERTIFICATE OF NEED APPLICATION

Name of Project: Interim Healthcare of Montgomery County Home Health & Hospice

Address: 540 Heritage Pointe Drive, Suite A, Clarksville, TN 37042
Montgomery County, TN

Legal Owner: Erica and Francisco Pahua
4484 N Pinson Rd
Portland TN 37148
Robertson County

Operating Entity: Pahua Health Inc DBA Interim Healthcare of Montgomery County TN

Contact Person: Erica Pahua
540 Heritage Pointe Dr. Suite A
Clarksville TN 37042
(615) 989-6753

Date Filed: July 1 2023

Project Cost: \$20,400

Financing: Owner Investment

Purpose of Review: Establishment of a Home Health and Hospice Agency servicing
Montgomery, Cheatham and Robertson County TN

Description: Interim Healthcare of Montgomery County, owned by Pahua Health Inc., with an ownership type of C-Corporation and managed by itself is seeking approval to establish a Home Health and in-home Hospice services serving patients in Cheatham, Montgomery and Robertson Counties with an office located at 540 Heritage Pointe Drive Suite A Clarksville TN 37042. Home Health and Hospice services provided will place an emphasis on providing care to underserved populations such as members of rural communities, minority groups and pediatric clients. There are no beds or major medical equipment involved with this project. No other health services will be initiated or discontinued. The total anticipated project costs is projected to be \$20,400.



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Interim Healthcare of Montgomery County

Name	540 Heritage Pointe Drive, Suite A		Montgomery
Street or Route			County
Clarksville	Tennessee		37042
City	State		Zip
https://montgomerytn.interimhealthcare.com/			
Website Address			

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Erica Pahua			APRN / Owner
Name			Title
Interim Healthcare of Montgomery County			epahua@interimhealthcare.com
Company Name			Email Address
4484 N Pinson Rd.			
Street or Route			
Portland	Tennessee		37148
City	State		Zip
Co-Owner			818-317-3013
Association with Owner			Phone Number

3A. Proof of Publication

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. **(See Attachment 3A)**

Date LOI was Submitted: June 14th, 2023

Date LOI was Published: June 14th, 2023

4A. Purpose of Review *(Check appropriate box(es) – more than one response may apply)*

- ☐ Establish New Health Care Institution
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Change in Bed Complement
- ☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3) Specify: Home Health & Hospice
- ☐ Relocation
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☐ Satellite Emergency Department
- ☐ Addition of ASTC Specialty
- ☐ Initiation of Cardiac Catheterization
- ☐ Addition of Therapeutic Catheterization
- ☐ Establishment/Initiation of a Non-Residential Substitution Based Opioid Treatment Center
- ☐ Linear Accelerator Service
- ☐ Positron Emission Tomography (PET) Service

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution *(Check all appropriate boxes – more than one response may apply)*

- ☐ Hospital (Specify): _____
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- ☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- ☒ Home Health
- ☒ Hospice
- ☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- ☐ Nursing Home
- ☐ Outpatient Diagnostic Center
- ☐ Rehabilitation Facility
- ☐ Residential Hospice
- ☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction
- ☐ Other (Specify): _____

6A. Name of Owner of the Facility, Agency, or Institution

Pahua Health Inc. dba. Interim Healthcare of Montgomery County

Name

4484 N Pinson Rd

Street or Route

Portland

City

Tennessee

State

818-317-3013

Phone Number

37148

Zip

7A. Type of Ownership of Control (Check One)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☒ Corporation (For Profit)
- ☐ Corporation (Not-for-Profit)
- ☐ Government (State of TN or Political Subdivision)
- ☐ Joint Venture
- ☐ Limited Liability Company
- ☐ Other (Specify): _____

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> . If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. **(See Attachment 7A)**

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

8A. Name of Management/Operating Entity (If Applicable)

N/A

Name

Street or Route

County

City

State

Zip

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract.

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. **(See Attachment 9A)**

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☐ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
- ☒ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
- ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
- ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
- ☐ Other (Specify) _____

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.
(See Attachment 10A)

- ☐ Patient care rooms (Private or Semi-private)
- ☐ Ancillary areas
- ☐ Other (Specify)

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.
(See Attachment 11A)

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- ☐ Size of site (in acres);
- ☐ Location of structure on the site;
- ☐ Location of the proposed construction/renovation; and
- ☐ Names of streets, roads, or highways that cross or border the site.

13A. Notification Requirements

- ☐ TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested." Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

☐ Notification Attached ☒ Not Applicable

- ☐ TCA §68-11-1607(c)(9)(A) states that "... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant."

☐ Notification Attached

☒ Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- ☐ Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.
- ☐ Ownership structure
- ☐ Service Area
- ☐ Existing similar service providers
- ☐ Project Cost
- ☐ Staffing

[\(See Attachment 1E\)](#)

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed **ONE PAGE** (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- ☐ Need
- ☐ Quality Standards
- ☐ Consumer Advantage
 - Choice
 - Improved access/availability to health care service(s)
 - Affordability

[\(See Attachment 2E\)](#)

3E. Consent Calendar Justification

- ☐ Consent Calendar Requested (Attach rationale)

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

- ☐ Consent Calendar **NOT** Requested

4E. PROJECT COST CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	\$0
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$0
3.	Acquisition of Site	\$0
4.	Preparation of Site	\$0
5.	Total Construction Costs	\$0
6.	Contingency Fund	\$0
7.	Fixed Equipment (Not included in Construction Contract)	\$0
8.	Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$0
9.	Other (Specify) _____	\$0
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	\$0
2.	Building only	\$1700/mo x 12 months
3.	Land only	\$0
4.	Equipment (Specify) _____	\$0
5.	Other (Specify) _____	\$0
C.	Financing Costs and Fees:	
1.	Interim Financing	\$0
2.	Underwriting Costs	\$0
3.	Reserve for One Year's Debt Service	\$0
4.	Other (Specify) _____	\$0
D.	Estimated Project Cost (A+B+C)	\$20,400
E.	CON Filing Fee	\$3,000
F.	Total Estimated Project Cost (D+E)	TOTAL \$23,400

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to competition or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html>
(See Attachment 1N)
- 2N.** Identify the proposed service area and provide justification for its reasonableness. Submit a county level map for the Tennessee portion and counties bordering the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable.
(See Attachment 2N)

Complete the following utilization tables for each county in the service area, if applicable.

There is no historical utilization for the applicant.

- 3N.** **A.** Describe the demographics of the population to be served by the proposal.
- B.** Provide the following data for each county in the service area:
 - ☐ Using current and projected population data from the Department of Health.
(www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
 - ☐ the most recent enrollee data from the Division of TennCare
(<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
 - ☐ and US Census Bureau demographic information
(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

** Target Population is population that project will primarily serve. For example, nursing home, home health agency, and hospice agency projects typically primarily serve the Age 65+ population. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2022, then default Projected Year is 2026.*

Be sure to identify the target population, e.g. Age 65+, the current year and projected year being used.
(See Attachment 3N)

- 4N.** Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

The service area population for Interim Healthcare of Montgomery County comprises a diverse range of residents, including several vulnerable groups with unique healthcare needs. These include the elderly, uninsured or underinsured individuals, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low-income groups.

There are multiple health disparities within this area. The elderly population, projected to increase significantly over the next few years, often face chronic health conditions, mobility issues, and a greater need for home health services. Uninsured or underinsured individuals, along with low-income groups, often delay seeking medical care due to cost concerns, leading to worsened health outcomes. Racial and ethnic minorities, meanwhile, often face cultural and language barriers that can inhibit their access to and utilization of health services.

Interim Healthcare of Montgomery County has a comprehensive plan to address these disparities and serve the special needs of our area population.

Elderly Care: Given our focus on home health & hospice services, we're uniquely positioned to meet the needs of the growing elderly population. We will provide a range of services such as skilled nursing, therapy services, and home health aides that allow seniors to receive care in the comfort and safety of their homes.

Uninsured or Underinsured Care: We aim to ensure access to services for all patients, regardless of insurance status. We'll work with patients on a sliding fee scale and explore all possible funding sources, including local, state, and federal programs, to provide affordable services.

Care for Women, Racial and Ethnic Minorities: Our staff will undergo regular training on cultural competency to ensure we deliver respectful and effective care that meets the social, cultural, and linguistic needs of all our patients. We're also committed to hiring diverse staff that reflect the community we serve.

TennCare or Medicaid Recipients: As a provider that accepts TennCare and Medicaid, we're able to cater to a wide range of income levels, ensuring that these recipients can access the same level of high-quality home health services as privately insured patients.

Low Income Groups: We understand that cost can be a barrier to care for low-income individuals. Therefore, in addition to our sliding fee scale and acceptance of TennCare and Medicaid, we also partner with local nonprofits and community organizations to identify additional resources to assist these patients.

Interim Healthcare of Montgomery County is committed to meeting the needs of our diverse community. We're dedicated to addressing health disparities and improving access to high-quality home health services for all residents within our service area.

- 5N.** Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc.

Home Health

Home Health Agency (Service Area)	Home County	State ID	2020	2021	2022	Total	% Change 2020-2022
Accredo Health Group, Inc. (Shelby)	Shelby	79456	2	7	8	17	75%
Adoration Home Health, LLC (Davidson)	Davidson	19714	250	342	364	956	31%
Advanced Nursing Solutions (Davidson)	Davidson	19754	1	1	5	7	80%
Amedisys Home Health (Davidson)	Davidson	19674	113	77	5	195	-2160%
Amedisys Home Health (Glen Echo Rd) (Davidson)	Davidson	19024	848	762	895	2,505	5%
Amedisys Home Health Services (Davidson)	Davidson	19684	179	198	201	578	11%
American National Home Health (Wilson)	Wilson	95084	7	1	8	16	13%
Brookdale Home Health Nashville (Davidson)	Davidson	19504	57	77	38	172	-50%
Continuous Care Services, LLC (Davidson)	Davidson	19664	10	4	12	26	17%
Coram CVS Specialty Infusion Services (Davidson)	Davidson	19734	11	16	16	43	31%
Elk Valley Health Services Inc (Davidson)	Davidson	19494	10	8	17	35	41%
Home Care Solutions, Inc (Davidson)	Davidson	19544	15	28	43	86	65%
Home Health Care of Middle Tennessee (Davidson)	Davidson	19584	86	97	86	269	0%
Implanted Pump Management, LLC (Knox)	Knox	47452	0	0	1	1	100%
Lifeline Home Health Care (Robertson)	Robertson	74064	365	419	625	1409	42%
Maxim Healthcare Services, Inc (Williamson)	Williamson	94104	96	87	86	269	-12%
NHC Homecare (Maury)	Maury	60024	61	36	41	138	-49%
NHC Homecare	Robertson	74054	1007	550	691	2248	-46%

(Robertson)							
Pentec Health (Davidson)	Davidson	19744	2	2	1	5	-100%
Suncrest Home Health (Davidson)	Davidson	19324	41	23	17	81	-141%
Suncrest Home Health (Montgomery)	Montgomery	63044	380	351	425	1156	11%
Tennessee Quality Homecare - Southwest (Decatur)	Decatur	20045	248	363	573	1,184	57%
Vanderbilt Community & Home Services (Davidson)	Davidson	19394	2	0	2	4	0%
Vanderbilt HC w/ Option Care IV Services (Davidson)	Davidson	19994	11	10	20	41	45%
Vanderbilt Home Care Services (Davidson)	Davidson	19314	186	213	184	583	-1%
Willowbrook Home Health Care Agency (Davidson)	Davidson	19694	131	207	213	551	38%
TOTAL			4,119	3,879	4,577	12575	
Source: Joint Annual Report - Home Health Agencies							

Based on the utilization chart above, several existing home healthcare providers in the service area have demonstrated low utilization trends. The low utilization indicates that these providers might not be fully addressing the healthcare needs of the local population. It's essential to note that many of these providers are not locally based and may lack the responsiveness to local needs.

Given the low utilization of existing providers and the lack of locally-based providers, there's a clear need for home healthcare services that are rooted in the community and fully responsive to local needs. Interim Healthcare of Montgomery County, as a local provider, is ideally positioned to fill this gap and enhance the accessibility and utilization of home healthcare services in the area.

Hospice

Hospice Agency	Home County	State ID	2020	2021	2022	Total	% Change 2020-2022
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	48	73	143	264	66%
Alive Hospice (Davidson)	Davidson	19624	179	181	191	551	6%
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	19	10	19	48	0%

Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	343	100	369	812	7%
Avalon Hospice (Davidson)	Davidson	19694	282	228	227	737	-24%
Caris Healthcare (Davidson)	Davidson	19714	4	4	2	10	-100%
Caris Healthcare (Robertson)	Robertson	74624	135	175	137	447	1%
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	73	111	145	329	50%
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	13	28	18	59	28%
Heart and Soul, LLC (Davidson)	Davidson	19744	0	0	1	1	100%
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	4	7	8	19	50%
Kindred Hospice (Davidson)	Davidson	19684	0	1	0	1	-
Tennessee Quality Hospice (Madison)	Madison	57615	74	106	106	286	30%
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	236	264	348	848	32%
TOTAL			1,410	1,288	1,714	4,412	18%
Source: Joint Annual Report - Hospice Agencies							

Based on the hospice utilization chart provided, it can be observed that several existing hospice care providers in the service area have demonstrated inconsistent utilization trends. These discrepancies indicate that these providers might not be fully addressing the healthcare needs of the local population, particularly in terms of hospice care. An additional factor to consider is that many of these providers are not locally based, which may limit their ability to respond to local needs efficiently.

Given these irregular utilization patterns of existing providers and the scarcity of locally-based providers, there is a clear need for hospice services deeply rooted in the community and fully responsive to local needs. Our proposed hospice, being a local provider, is ideally positioned to address this gap and enhance the accessibility and utilization of hospice services in the area.

Taking into account the total utilization from 2020 to 2022, the overall change in hospice usage is an increase of 18%. However, certain providers have demonstrated a decline in usage, such as Avalon Hospice with a decrease of 24%, while others, like Adoration Hospice, have seen a significant increase of 66%. This inconsistency further underscores the need for a consistent, high-quality, local provider.

Looking specifically at Tennova Home Health and Hospice in Clarksville, Montgomery County, the data shows a steady increase in utilization over the three-year period, from 236 in 2020 to 348 in 2022. This demonstrates a growing need for hospice services in the county and the potential for a locally focused provider to meet this demand.

We aim to provide reliable, high-quality hospice care that meets the increasing demands of the local population, ensuring accessibility and optimal care for all those in need.

- 6N.** Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

Home Health

Because the Applicant is a new provider, there is no historical utilization to report.

In accordance with the Certificate of Need (CON) requirements, we have projected the annual utilization for Interim Healthcare of Montgomery County for the years 2024 and 2025.

Based on our service area's projected population growth rate, historical utilization rates, and targeted market penetration rates of 7% in 2024 and 15% in 2025, we project the following annual utilization:

First, let's revise the estimated patient population for each year.

For 2024, the total patient population projected is:

Montgomery: $240,304 * 0.015 = 3,605$ patients

Robertson: $77,321 * 0.015 = 1,160$ patients

Cheatham: $41,790 * 0.015 = 627$ patients

Total = $3,605 + 1,160 + 627 = 5,392$ patients

For 2025, using a population growth rate of 2.17%, the total patient population would be:

Montgomery: $240,304 * 1.0217 * 0.015 = 3,678$ patients

Robertson: $77,321 * 1.0217 * 0.015 = 1,185$ patients

Cheatham: $41,790 * 1.0217 * 0.015 = 640$ patients

Total = $3,678 + 1,185 + 640 = 5,503$ patients

With these patient population estimates, our projected utilization, based on the revised market penetration rates, would be as follows:

In 2024, at 7% market penetration: $5,392 * 0.07 = 378$ patients

In 2025, at 15% market penetration: $5,503 * 0.15 = 825$ patients

Thus, Interim Healthcare of Montgomery County projects to serve approximately 378 patients in 2024 and 825 patients in 2025.

The methodology used for these projections involves several steps:

We started with the projected total population for each county in the service area for the years 2024 and 2025.

We then applied the standard utilization rate for home health care services of 1.5% to estimate the total patient population.

To estimate our own patient population, we applied our expected market penetration rates (7% for 2024 and 15% for 2025) to the total patient population.

This approach assumes that the total population and utilization rates remain relatively stable, and that our market penetration rates are achievable based on the competitive landscape, our marketing and outreach efforts, and the quality and accessibility of our services. Changes in any of these factors could result in different patient counts.

Hospice

Because the Applicant is a new provider, there is no historical utilization to report.

In accordance with the Certificate of Need (CON) requirements, we have projected the annual utilization for our proposed hospice services for the years 2024 and 2025. Based on our service area's historical hospice penetration rate, the projected population, and targeted market penetration rates of 3% in 2024 and 7% in 2025, we project the following annual utilization:

First, we estimate the potential hospice patient population for each year.

For 2024, the total patient population is estimated to be:

Montgomery: $1,858 \text{ deaths} \times 0.386 \text{ (penetration rate)} = 717 \text{ patients}$

Robertson: $927 \text{ deaths} \times 0.420 \text{ (penetration rate)} = 389 \text{ patients}$

Cheatham: $528 \text{ deaths} \times 0.458 \text{ (penetration rate)} = 242 \text{ patients}$

Total = $717 + 389 + 242 = 1,348 \text{ patients}$

For 2025, assuming a steady growth rate of 2.17% in the patient population, we estimate:

Montgomery: $717 \text{ patients} \times 1.0217 = 733 \text{ patients}$

Robertson: $389 \text{ patients} \times 1.0217 = 398 \text{ patients}$

Cheatham: $242 \text{ patients} \times 1.0217 = 247 \text{ patients}$

Total = 733 + 398 + 247 = 1,378 patients

Given these patient population estimates, our projected utilization, based on the corrected market penetration rates, would be as follows:

In 2024, at 3% market penetration: $1,348 * 0.03 = \sim 40$ patients

In 2025, at 7% market penetration: $1,378 * 0.07 = \sim 96$ patients

Thus, we project to serve approximately 40 patients in 2024 and 96 patients in 2025 with our proposed hospice services.

The methodology used for these projections involves several steps:

We started with the number of total deaths for each county in the service area.

We then applied the hospice penetration rate to estimate the total hospice patient population.

To estimate our own patient population, we applied our revised market penetration rates (3% for 2024 and 7% for 2025) to the total hospice patient population.

This approach assumes that the number of deaths, hospice penetration rates, and our market penetration rates remain relatively stable. Changes in any of these factors could result in different patient counts.

7N.

<u>CON Number</u>	<u>Project Name</u>	<u>Date Approved</u>	<u>Expiration Date</u>
N/A	N/A	N/A	N/A

- ☐ Complete the above chart by entering information for each applicable outstanding CON by applicant or share common ownership; and
- ☐ Describe the current progress and status of each applicable outstanding CON and how the project relates to them. **N/A**

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

1C. List all transfer agreements relevant to the proposed project.

As a new entrant in the healthcare field in the region, Interim Healthcare of Montgomery County currently does not have any established transfer agreements. However, we recognize the importance of these agreements to ensure seamless care for our patients and are open to establishing relevant agreements as needed.

2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

We aim to ensure broad access to our services. To this end, we are planning to contract with several commercial private insurance providers. These include but are not limited to BlueCare, Amerigroup, and United Healthcare. Negotiations for these contracts will commence as we finalize our service establishment in the region.

3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

The introduction of Interim Healthcare of Montgomery County to the healthcare system in the area will enhance competition, thereby benefiting consumers. Increased competition often results in better service quality as providers strive to differentiate themselves. Furthermore, it can lead to more competitive consumer charges, increasing the affordability of healthcare services. Our presence will also enhance consumer choice, giving patients more options to select a provider that best meets their specific needs and preferences.

4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

Interim Healthcare of Montgomery County understands the importance of human resources in providing excellent healthcare services. We plan to recruit locally, capitalizing on the pool of talented and qualified healthcare professionals in the area. Our staffing plans adhere to the requirements set by the State of Tennessee, CMS, and accrediting agencies such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities. Our commitment extends to ensuring ongoing training and development opportunities for our staff, guaranteeing that our team stays updated with best practices in the field.

- 5C.** Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Interim Healthcare of Montgomery County will operate under both a home health agency license and a hospice license, as our services span both home healthcare and hospice care. These licensing categories encompass a range of requirements that are integral to our operational plans.

The home health agency license governs our services focused on rehabilitation, recovery, and health management at home. Conversely, the hospice license oversees end-of-life care services, offering palliative treatments and emotional support.

The licensing requirements for both categories address critical aspects such as clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

Under these regulations, we ensure robust clinical leadership with experienced professionals overseeing both home health and hospice services. Our model necessitates close physician supervision for individualized patient care plans. Additionally, we adhere to stringent quality assurance policies and programs, implementing regular audits and feedback mechanisms to continuously improve our service quality.

Furthermore, we have established comprehensive utilization review policies and programs to maximize the effectiveness and efficiency of our services. Our record keeping processes are designed to maintain accurate, up-to-date patient records in compliance with privacy and confidentiality laws.

In terms of clinical staffing requirements, we maintain a high standard for staff qualifications, while our staff education programs ensure our team members are equipped with the latest knowledge and best practices in home health and hospice care.

By adhering to these licensing requirements, we commit to delivering high-quality, safe, and effective healthcare services to our patients in both home health and hospice care domains.

6C. See INSTRUCTIONS to assist in completing the following tables.

HOME HEALTH PROJECTED DATA CHART

☐ Project Only
☐ Total Facility

Give information for the two (2) years following the completion of this proposal.

	Year 2024	Year 2025
A Utilization Data		
. Specify Unit of Measure: Patients Served	378	825
B Revenue from Services to Patients (Using \$4,000/patient average)		
. 1 Inpatient Services	\$0	\$0
. 2 Outpatient Services	\$1,512,000	\$3,300,00
. 3 Emergency Services	\$0	\$0
. 4 Other Operating Revenue (Specify)_____	\$0	\$0
. Gross Operating Revenue	\$1,512,000	\$3,300,000
C Deductions from Gross Operating Revenue		
. 1 Contractual Adjustments	\$0	\$0
. 2 Provision for Charity Care	\$30,240	\$66,000
. 3 Provisions for Bad Debt	\$45,360	\$99,000
. Total Deductions	\$75,600	\$165,000
NET OPERATING REVENUE	\$1,436,400	\$3,135,000

☒ Project Only
☐ Total Facility

HOSPICE PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal.

	Year 2024	Year 2025
A Utilization Data		
. Specify Unit of Measure: Patients Served	40	96
B Revenue from Services to Patients (Using \$10,000/patient average)		
. 1 Inpatient Services	\$0	\$0
. 2 Outpatient Services	\$400,000	\$960,000
. 3 Emergency Services	\$0	\$0
. 4 Other Operating Revenue (Specify)_____	\$0	\$0
	Gross Operating Revenue	\$400,000
		\$960,000
C Deductions from Gross Operating Revenue		
. 1 Contractual Adjustments	\$0	\$0
. 2 Provision for Charity Care	\$8,000	\$19,200
. 3 Provisions for Bad Debt	\$12,000	\$28,800
. Total Deductions	\$20,000	\$48,000
NET OPERATING REVENUE	\$380,000	\$912,000

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Home Health Project Only Chart

	Previous Year to Most Recent Year Year ____	Most Recent Year Year ____	Year One Year 2024	Year Two Year 2025	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)			\$1,512,000	\$3,300,000	54%
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)			\$75,600	\$165,000	54%
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)			\$1,436,400	\$3,135,000	54%

Hospice Project Only Chart

	Previous Year to Most Recent Year Year ____	Most Recent Year Year ____	Year One Year 2024	Year Two Year 2025	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)			\$400,000	\$960,000	58%
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)			\$20,000	\$48,000	58%
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)			\$380,000	\$912,000	58%

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

As Interim Healthcare is expanding our services to include both home health and hospice care, the proposed charges for these projects will reflect the costs of delivering comprehensive, high-quality, and patient-centered care within each respective setting.

For our home health service line, the proposed average charge per visit is set at \$222, competitive and in line with industry standards. Given the average number of visits per client is 18, as per data from the 2022 JAR, this would result in an average revenue of \$4,000 per patient.

In regards to our hospice services, the proposed average charge per visit is \$298, again aligning with industry standards. Taking a conservative approach and using data from the 2022 JAR, we estimate an average revenue of \$10,000 per patient.

These are new service lines for Interim Healthcare, and therefore will not require adjustments to current charges for our existing services. Instead, the introduction of these services will enhance our portfolio and our ability to serve our community with comprehensive healthcare solutions. The charges for our

existing services will remain as they are, with these new service lines providing additional sources of revenue for the organization.

We want to reassure our patients that the introduction of these service lines will not negatively impact charges for our existing services. Our aim with this project is to expand our offerings and continue providing high-quality, affordable care for all our patients. Interim Healthcare is committed to price transparency and will continue working closely with our patients to help them understand their insurance coverage and any potential out-of-pocket expenses. We believe this expansion of our services will allow us to better serve our community and meet their healthcare needs in a more holistic manner.

- 9C.** Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Home Health

Home Health Agency (Service Area)	Home County	State ID	Total Visits	Total Gross Revenue	Average Charge per Visit
Adoration Home Health, LLC (Davidson)	Davidson	19714	187,124	\$54,767,866	\$292.68
Advanced Nursing Solutions (Davidson)	Davidson	19754	987	\$164,585	\$166.75
Amedisys Home Health (Davidson)	Davidson	19674	24,028	\$9,916,655	\$412.71
Amedisys Home Health (Glen Echo Rd) (Davidson)	Davidson	19024	28,668	\$8,261,709	\$288.19
Amedisys Home Health Services (Davidson)	Davidson	19684	31,174	\$4,694,167	\$150.58
Brookdale Home Health Nashville (Davidson)	Davidson	19504	20,906	\$3,714,541	\$177.68
Continuous Care Services, LLC (Davidson)	Davidson	19664	2,907	\$467,775	\$160.91
Coram CVS Specialty Infusion Services (Davidson)	Davidson	19734	936	\$137,782	\$147.20
Home Care Solutions, Inc (Davidson)	Davidson	19544	53,623	\$9,007,273	\$167.97
Home Health Care of Middle Tennessee (Davidson)	Davidson	19584	53,071	\$13,417,139	\$252.81
Implanted Pump Management, LLC (Knox)	Knox	47452	221	\$33,150	\$150.00
Lifeline Home Health Care (Robertson)	Robertson	74064	10,900	\$1,762,190	\$161.67
NHC Homecare (Maury)	Maury	60024	61,328	\$11,204,116	\$182.69
NHC Homecare (Robertson)	Robertson	74054	58,818	\$8,989,653	\$152.84
Pentec Health (Davidson)	Davidson	19744	737	\$606,509	\$822.94
Suncrest Home Health (Davidson)	Davidson	19324	38,807	\$6,980,091	\$179.87
Suncrest Home Health (Montgomery)	Montgomery	63044	7,708	\$1,467,783	\$190.42

Tennessee Quality Homecare - Southwest (Decatur)	Decatur	20045	125,115	\$30,396,181	\$242.95
Vanderbilt HC w/ Option Care IV Services (Davidson)	Davidson	19994	3,306	\$417,028	\$126.14
Vanderbilt Home Care Services (Davidson)	Davidson	19314	66,819	\$21,119,495	\$316.07
Willowbrook Home Health Care Agency (Davidson)	Davidson	19694	41,361	\$7,380,180	\$178.43
TOTAL			818,544	\$194,905,868	\$238
Interim Healthcare of Montgomery County	Montgomery	-	6,804	\$1,512,000	\$222.22

Hospice

Hospice Agency	Home County	State ID	Total Visits	Total Gross Revenue	Average Charge per Visit
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	17,495	\$9,509,780	\$543.57
Alive Hospice (Davidson)	Davidson	19624	64,868	\$21,485,534	\$331.22
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	14,673	\$3,694,539	\$251.79
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	38,449	\$10,591,527	\$275.47
Avalon Hospice (Davidson)	Davidson	19694	330,058	\$80,579,206	\$244.14
Caris Healthcare (Davidson)	Davidson	19714	47,176	\$16,996,480	\$360.28
Caris Healthcare (Robertson)	Robertson	74624	6,442	\$3,154,939	\$489.75
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	8,064	\$2,271,426	\$281.67
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	11,810	\$4,224,132	\$357.67
Heart and Soul, LLC (Davidson)	Davidson	19744	1,771	\$326,915	\$184.59
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	12,255	\$3,562,278	\$290.68
Kindred Hospice (Davidson)	Davidson	19684	15,991	\$4,802,746	\$300.34
Tennessee Quality Hospice (Madison)	Madison	57615	32,801	\$18,627,936	\$567.91
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	9,116	\$2,365,990	\$259.54
TOTAL			610,969	\$182,193,428	\$298.20
Interim Healthcare of Montgomery County (Montgomery)	Montgomery	-			\$298.00
Source: Joint Annual Report - Hospice Agencies					

- 10C.** Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

**Applicant's Projected Payor Mix
Home Health Project Only Chart**

Payor Source	Year 1		Year 2	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$861,840	57%	\$2,145,000	65%
TennCare/Medicaid	\$151,200	10%	\$330,000	10%
Commercial/Other Managed Care	\$463,600	30%	\$726,000	22%
Self-Pay	\$15,120	1%	\$33,000	1%
Other (Specify)_____				
Total*				
Charity Care	\$30,240	2%	\$66,000	2%

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

**Applicant's Projected Payor Mix
Hospice Project Only Chart**

Payor Source	Year 1		Year 2	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$228,000	57%	\$624,000	65%
TennCare/Medicaid	\$40,000	10%	\$96,000	10%
Commercial/Other Managed Care	\$120,000	30%	\$211,200	22%
Self-Pay	\$4,000	1%	\$9,600	1%
Other (Specify)_____				
Total*				
Charity Care	\$20,000	2%	\$48,000	2%

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

As an organization committed to ensuring high-quality patient care, Interim Healthcare will comply with PC 1043, Acts of 2016, and pledges to submit an annual Quality Measure report as prescribed by the Agency. We fully understand the significance of this requirement and affirm our readiness to adhere to it post the receipt of a Certificate of Need (CON).

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- ☐ Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application? **Yes.**
- ☐ Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing? **Yes.**
- ☐ Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application? **Yes.**

- 3Q.** Please complete the chart below on accreditation, certification, and licensure plans.
Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	<input checked="" type="checkbox"/> Health Facilities Commission/Licensure Division <input checked="" type="checkbox"/> Intellectual & Developmental Disabilities <input checked="" type="checkbox"/> Mental Health & Substance Abuse Services	Will Apply Will Apply Active	L000000033423
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other:	Will Apply Active	Q078391
Accreditation(s)	<input checked="" type="checkbox"/> CHAP	Will Apply	

- 4Q.** If checked "TennCare/Medicaid" box, please list all Managed Care Organization's currently or will be contracted.

The applicant, Interim Healthcare, is presently in-network with Amerigroup and maintains single case agreements with both BlueCare/BlueCare Select and United Healthcare. We are also actively pursuing full in-network contracts with both BlueCare/BlueCare Select and United Healthcare to expand our service reach.

- 5Q.** Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

☒ Yes ☐ No

6Q. For an existing healthcare institution applying for a CON:

- ☐ Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future. **N/A**
- ☐ Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.) **N/A**

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- ☐ Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- ☐ Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or

Been subject to any of the following:

- ☐ Final Order or Judgement in a state licensure action; **N/A**
- ☐ Criminal fines in cases involving a Federal or State health care offense; **N/A**
- ☐ Civil monetary penalties in cases involving a Federal or State health care offense; **N/A**
- ☐ Administrative monetary penalties in cases involving a Federal or State health care offense; **N/A**
- ☐ Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; **N/A**
- ☐ Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or **N/A**
- ☐ Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware. **N/A**

- 8Q.** Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Home Health

Position Classification	Existing FTEs 2023	Projected FTEs Year 1
A. Direct Patient Care Positions		
<i>RN</i>	1	2.5
<i>Nursing Aide</i>	3	3
<i>Social Worker</i>	0	1
<i>Occupational Therapist</i>	0	1
<i>Physical Therapist</i>	0	1
<i>Physical Therapist Assistant</i>	1	1
Total Direct Patient Care Positions	5	9.5

B. Non-Patient Care Positions		
<i>Executive Director</i>	1	1
<i>Business Office Staff</i>	2	3
Total Non-Patient Care Positions	3	4
Total Employees (A+B)	8	13.5
C. Contractual Staff		
Total Staff (A+B+C)	8	13.5

Hospice

Position Classification	Existing FTEs 2023	Projected FTEs Year 1
A. Direct Patient Care Positions		
<i>RN</i>	1	2.5
<i>Nursing Aide</i>	3	3
<i>Social Worker</i>	0	1
<i>Chaplain</i>	0	1
<i>Medical Director</i>	0	.25
Total Direct Patient Care Positions	4	7.75

B. Non-Patient Care Positions		
<i>Executive Director</i>	1	1
<i>Business Office Staff</i>	2	3
Total Non-Patient Care Positions	3	4
Total Employees (A+B)	7	11.75
C. Contractual Staff		
Total Staff (A+B+C)	7	11.75

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Commission may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		October 2023
2. Building Construction Commenced	N/A	
3. Construction 100% Complete (Approval for Occupancy)	N/A	
4. Issuance of License		December 2023
5. Issuance of Service		December 2023
6. Final Project Report Form Submitted (Form HR0055)		February 2024

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVIT

STATE OF Tennessee

COUNTY OF Robertson

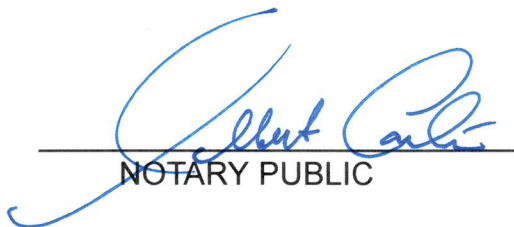
Francisco Pahu, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and TCA §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.



SIGNATURE/TITLE

Sworn to and subscribed before me this 30th day of June, 2023 a Notary
(Month) (Year)

Public in and for the County/State of Robertson/Tennessee.



NOTARY PUBLIC

My commission expires Nov. 20, 2023.
(Month/Day) (Year)



APPENDIX

ATTACHMENT 3A

AFFIDAVIT OF PUBLICATION

0005736364

Newspaper The Tennessean

State of Tennessee

Account Number NAS-0000005143

Advertiser INTERIM HEALTHCARE OF MONTGOME

INTERIM HEALTHCARE OF MONTGOME
4484 N PINSON RD
PORTLAND, TN
37148

TEAR SHEET
ATTACHED

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

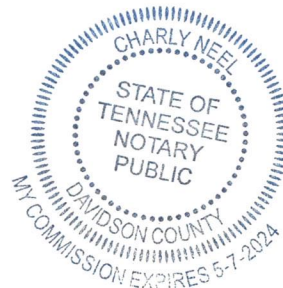
hereby certify that the attached advertisement appeared in said newspaper on the following dates:

✓
06/14/23

Jackie Cooper

Subscribed and sworn to before me this 14 day of June 2023

Charly Neel
Notary Public



AFFIDAVIT OF PUBLICATION

0005736356

Newspaper Leaf Chronicle

State of Tennessee

Account Number NAS-0000005143

Advertiser INTERIM HEALTHCARE OF MONTGOME

INTERIM HEALTHCARE OF MONTGOME
4484 N PINSON RD
PORTLAND, TN
37148

TEAR SHEET
ATTACHED

Jackie Cooper Sales Assistant for the above mentioned newspaper,

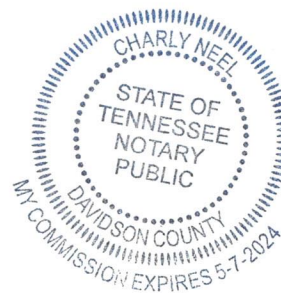
hereby certify that the attached advertisement appeared in said newspaper on the following dates:

06/14/23

Jackie Cooper

Subscribed and sworn to before me this 14 day of June 2023.

Charly Neel
Notary Public



Affidavits Requested:

AFFIDAVIT OF PUBLICATION

0005736364

Newspaper The Tennessean

State of Tennessee

Account Number NAS-0000005143

Advertiser INTERIM HEALTHCARE OF MONTGOME

INTERIM HEALTHCARE OF MONTGOME
4484 N PINSON RD
PORTLAND, TN
37148

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AFFIDAVIT OF PUBLICATION

0005736356

Newspaper Leaf Chronicle

State of Tennessee

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06/14/23

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Charly Neel
Notary Public



Affidavits Requested:

Serve some sunshine

Strawberry shortcake stack a sweet treat

Angelina Larue

Special to Lubbock Avalanche-Journal
USA TODAY NETWORK - TEXAS

No dessert says it's springtime quite like strawberry shortcake. Strawberries are coming in sweet right now, and this shortcake makes a stunning birthday cake, or weekend treat.

The batter is as easy to make as biscuit dough. It is studded with ruby red chunks of strawberries, and layered with more fresh strawberries, and clouds of sweetened whipped cream.

I add a little crunch with a sprinkling of chunky turbinado sugar beneath the cake as it bakes, and a crunchy, crisp layer on top, as well. The addition creates yet another texture amid the soft, pillowy cake, fresh strawberries, and smooth whipped cream.

A serving of this strawberry shortcake is like a serving of sunshine. It's sure to be a hit around your table or for your next barbecue.

Angelina Larue is a food writer, recipe developer and author of "The Whole Enchilada Fresh and Nutritious Southwestern Cuisine."

Strawberry shortcake stack

- 2 ½ cups all-purpose flour
- ¼ cup granulated sugar
- 1 tablespoon baking powder
- 1 teaspoon salt
- 1 stick cold butter, diced
- 1 cup milk



This strawberry shortcake stack is studded with ruby red chunks of strawberries, and layered with more fresh strawberries, and clouds of sweetened whipped cream. ANGELINA LARUE/SPECIAL TO LUBBOCK

AVALANCHE-JOURNAL

evenly over the parchment paper.

In a medium mixing bowl, mix flour, sugar, baking powder and salt. Add the pieces of cold butter and combine by hand until pea-size crumbs are formed.

Add milk and mix in with a spoon until incorporated. Fold in 1/2 cup diced strawberries.

Turn dough out onto a floured surface and knead with floured hands until you form a ball. Roll out into a ¼-inch thick 8-inch circle. Place in the parchment-lined cakepan. Sprinkle top with remaining turbinado sugar and bake in preheated oven for 20 to 25 minutes. Cool completely, then cut

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0005735308
Notice of sale of abandoned Vehicles Bo's Shop & Towing 1223 Gupton Ct. Clarksville TN 37040 sale on 06/30/2023 at 8 am
1C4NJCEA9FD373304
15 Jeep Compass
1HGES16581L041955
01 Honda Civic
1B3LC46KX8N648577
08 Dodge Avenger
1N4BA41E56C801480
06 Nissan Maxima
JTDKAMFP5N3210164
22 Toyota Prius
JN1DA31D12T419951
02 Nissan Maxima

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Equal Housing Opportunity
All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 as amended which makes it illegal to advertise "any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or nation origin, or an intention to make any such preference, limitation or discrimination."
"This newspaper will not knowingly accept any advertisement for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper area available on an equal opportunity basis. To complain of discrimination, call HUD Toll-free at 1-800-669-9777. For hearing impaired call 1-800-927-9275.

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Public Notices

0005736356 NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Interim Healthcare of Montgomery County, owned by Pahua Health Inc., with an ownership type of C-Corporation and to be managed by itself, intends to file an application for a Certificate of Need for the establishment of a Home Care Organization and the initiation of Home Health services and in-home hospice services serving patients in Cheatham, Montgomery and Robertson Counties with an office located at 540 Heritage Pointe Drive Suite A Clarksville TN 37042. There are no beds or major medical equipment involved with this project. No other health services will be initiated or discontinued. The total anticipated project costs is projected to be \$20,400.

The anticipated date of filing the application is July 1st 2023.

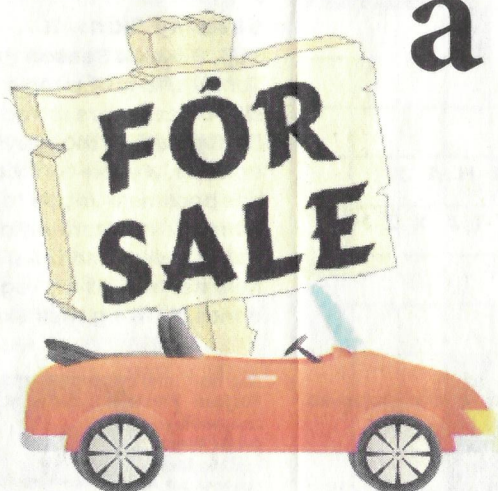
The contact person for this project is Erica Pahua, APRN, Owner who may be reached at Interim Healthcare of Montgomery County 540 Heritage Pointe Dr Suite A Clarksville TN 37042, 615-989-6753

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for a hearing should be sent to:

Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition.

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Business & Services email: Servicedirectory@tennessean.com

To post job openings, visit: Tennessee.com/jobs



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All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Nashville Tennessean reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Nashville Tennessean shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

Classified Preview

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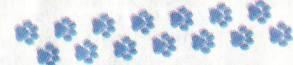
Pets

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BERNEDOODLE PUPS: Vet ✓, UTD shots. \$900 w/CKC papers. \$700 without Dicksoncounty.com 615-566-5683

F1b Goldendoodle Pups: 12 wks, beautiful, all colors, shots & wormed, playful, great with kids. \$500. 731-538-3436



Maltase small puppies, registered, males & females, UTD on vaccinations and worming, 205-705-9381

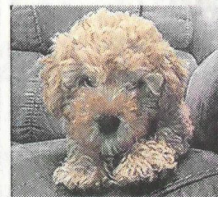
Maltase Male Puppies-Beautiful Babies, Shots and Wormed, Ready to Go! (270)465-1601

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Puppies, Ready for new homes. F1b Cavapoo, Mini Poodle, ShihPoo, F1b Cockerpoo, (270)601-3210 or 815-520-3607 health contract UTD shots Happy healthy
www.twinoakskennels.com

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Merch

all kinds of things...

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Near Sweetwater, TN 165 Lowe Galyon Lane, Farm, 3 bdrm, 2 ba, 5222 sq. ft., built in 2001, kitchen appliances \$1,290,000. Beautiful log home with cathedral ceilings. Attached garage and detached workshop garage with electricity. Farm Buildings. Huge stocked pond., (423)618-3519

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Public Notices

0005733670
Notice of Application to Establish a Branch of a National Bank

Notice is given that Fifth Third Bank, National Association, a federally chartered depository institution with its main office located at 38 Fountain Square Plaza, Cin.

Your Source

Public Notices

for the latest...

Public Notices

Meade County, Kentucky, Farm for Sale
196+/- Acres
2300 Cedar Flat Road,
Battletown, KY 40104
38°7' 11.58" N-86°20' 18.29 W
Ohio River Frontage
Mineral Rights Included
(Limestone and Oolite)
Call 502-540-2315

0005731842

Invitation to Bid

Bell & Associates Construction, LLC, an Equal Opportunity Employer - M/F/D/V - is seeking quotes from Disadvantaged Business Enterprises, who have previously been certified with the Tennessee Department of Transportation, on projects to be let by the Tennessee Department of Transportation on June 23, 2023. Interested companies contact Jeremy Mitchell at 615-373-4343 in Brentwood, Tennessee or email bridge@bellconstructioncompany.com

Public Notices

Public Notices

0005718583

SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on **July 13, 2023 at 11:00AM** local time, at the south main door, Davidson County Courthouse, Metro Courthouse, 1 Public Square, Nashville, Tennessee pursuant to Deed of Trust executed by Charles M Aropmoi and Roza Faolino, to Kathy Winstead, Trustee, as trustee for JPMorgan Chase Bank, N.A. on June 23, 2005 at Instrument No. 20050706-0077365; conducted by LLG Trustee TN LLC, having been appointed Substitute or Successor Trustee, all of record in the Davidson County Register's Office. Default has occurred in the performance of the covenants, terms, and conditions of said Deed of Trust and the entire indebtedness has been declared due and payable.

Party Entitled to Enforce the Debt: Select Portfolio Servicing, Inc., its successors and assigns.

The real estate located in Davidson County, Tennessee, and described in the said Deed of Trust will be sold to the highest call bidder. The terms of the said Deed of Trust may be modified by other instruments appearing in the public record. Additional identifying information regarding the collateral property is below and is believed to be accurate, but no representation or warrant is intended.

Street Address: 4860 Barclay Sq Dr, Antioch, Tennessee 37013

Parcel Number: 149 05 0 037.00

Current Owner(s) of Property: Charles M. Aropmoi and Roza Faolino

This sale is subject to, without limitation, all matters shown on any applicable recorded plat, any unpaid tax

"Roots to Additions"
•Window Special•
Buy 10 - Get 2 FREE
Tell us you saw us
in the Tennessean &
save \$500 off your
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to the 3rd floor security desk before visiting the Central Procurement Office. To: Central Procurement Office, William R. Snodgrass Tennessee Tower, 3rd Floor, Nashville, Tennessee 37243-1102, Attn: Penny L. DiPiazza, Bidding and Contract Officer. Bids will be publicly opened by the Owner on behalf of the State of Tennessee via Webex at Meeting number (access code): 2311 821 7935; Meeting password: 361-093-02-2022; Join by phone: (415) 655-0001 Until: 2:00 p.m. Central Time On: Thursday, July 13, 2023. Plan Rooms: Nashville - Nashville Contractors Association, Associated General Contractors; Arlington, TX - Dodge Data & Analytics; Norcross, GA - ConstructConnect. Plan Deposit Amount: \$1,000.00. Designer: Hefferlin + Kronenberg Architects, PLLC, 1216 East Main Street, Suite 120, Chattanooga, Tennessee 37408; Contact: Alex Reyland, Phone: (423) 266-3656. Pre-Bid Conference: A Pre-Bid Conference will be held at the facility, Barracks Complex, on June 27, 2023, at 1:00 p.m. [Local Time (Central Time)]. Please contact the Designer for special procedures required during the Pre-Bid Conference.

Public Notices

0005736364

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Interim Healthcare of Montgomery County, owned by Puhua Health Inc., with an ownership type of C-Corporation and to be managed by itself, intends to file an application for a Certificate of Need for the establishment of a Home Care Organization and the initiation of Home Health services and in-home hospice services serving patients in Cheatham, Montgomery and Robertson Counties with an office located at 540 Heritage Pointe Drive Suite A Clarksville TN 37042. There are no beds or major medical equipment involved with this project. No other health services will be initiated or discontinued. The total anticipated project costs is projected to be \$20,400.

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The contact person for this project is Erica Puhua, APRN, Owner who may be reached at Interim Healthcare of Montgomery County 540 Heritage Pointe Dr Suite A Clarksville TN 37042, 615-989-6753

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Health Facilities Commission
 Andrew Jackson Building, 9th Floor
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 Nashville, TN 37243

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terms of said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. **If you purchase a property at the foreclosure sale, the entire purchase price is due and payable at the conclusion of the auction in the form of a certified/bank check made payable to or endorsed to LOGS Legal Group LLP. No personal checks will be accepted. To this end, you must bring sufficient funds to outbid the lender and any other bidders. Insufficient funds will not be accepted. Amounts received in excess of the winning bid will be refunded to the successful purchaser at the time the foreclosure deed is delivered.**

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded only by the Substitute Trustee at any time. If the Substitute Trustee rescinds the sale, the purchaser shall only be entitled to a return of any money paid towards the purchase price and shall have no other recourse. Once the purchaser tenders the purchase price, the Substitute Trustee may deem the sale final in which case the purchaser shall have no remedy. The real property will be sold AS IS, WHERE IS, with no warranties or representations of any kind, express or implied, including without limitation, warranties regarding condition of the property or marketability of title.

This office may be a debt collector. This may be an attempt to collect a debt and any information obtained may be used for that purpose.

LLG Trustee T.N LLC
 Substitute Trustee
 10130 Perimeter Parkway, Suite 400
 Charlotte, NC 28216
 Phone (704) 333-8107
 Fax (704) 333-8156

File No. 22-122631

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- ✓ Top-of-the-line installation and service, all included at one low, affordable price

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**plus a
 Free Shower
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**FINANCING AVAILABLE
 WITH APPROVED CREDIT**

**With purchase of a new Safe Step Walk-In Tub. Not applicable with any previous walk-in tub purchase. Offer available while supplies last. Not available in certain states.*

*Subject to credit approval, with the purchase of a new Safe Step Walk-In Tub or Shower. Not applicable with any previous walk-in tub or shower purchase. Safe Step Walk-In Tub is neither a broker nor a lender. Financing is provided through third-party lenders unaffiliated with Safe Step Walk-In Tub, LLC under terms and conditions arranged directly between the customer and such lender. All subject to credit requirements and

ATTACHMENT 7A



001303372

**CHARTER
FOR-PROFIT CORPORATION**

SS-4417

**Tre Hargett**
Secretary of State**Division of Business Services**
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

-FILED-

Control # 001303372

The undersigned, acting as incorporator(s) of a for-profit corporation under the provisions of the Tennessee Business Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Pahua Health Inc

(Note: Pursuant to the provisions of T.C.A. §48-14-101(a)(1), each corporation name must contain the words *corporation, incorporated, or company* or the abbreviation *corp., inc., or co.*)

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:

ERICA PAHUA
4484 N PINSON RD
PORTLAND, TN 37148-8565
ROBERTSON COUNTY

5. Fiscal Year Close Month: December

Period of Duration: Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

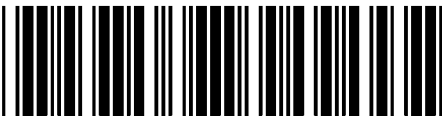
7. The corporation is for profit.

8. The number of shares of stock the corporation is authorized to issue is: 1,000,000

9. The complete address of its principal office is:

4484 N PINSON RD
PORTLAND, TN 37148-8565
ROBERTSON COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)



**CHARTER
FOR-PROFIT CORPORATION**

SS-4417



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

-FILED-

Control # 001303372

The name of the corporation is: Pahua Health Inc

10. The complete mailing address of the entity (if different from the principal office) is:

4484 N PINSON RD
PORTLAND, TN 37148-8565

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	Erica M Pahua	4484 N PINSON RD	PORTLAND, TN 37148-8565
Incorporator	Francisco Pahua	4484 N PINSON RD	PORTLAND, TN 37148-8565

12. Professional Corporation: (required if the additional designation of "Professional Corporation" is entered in section 3.)

☐ I certify that this is a Professional Corporation.

Licensed Profession:

13. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic

Signature

Erica M Pahua

Printed Name

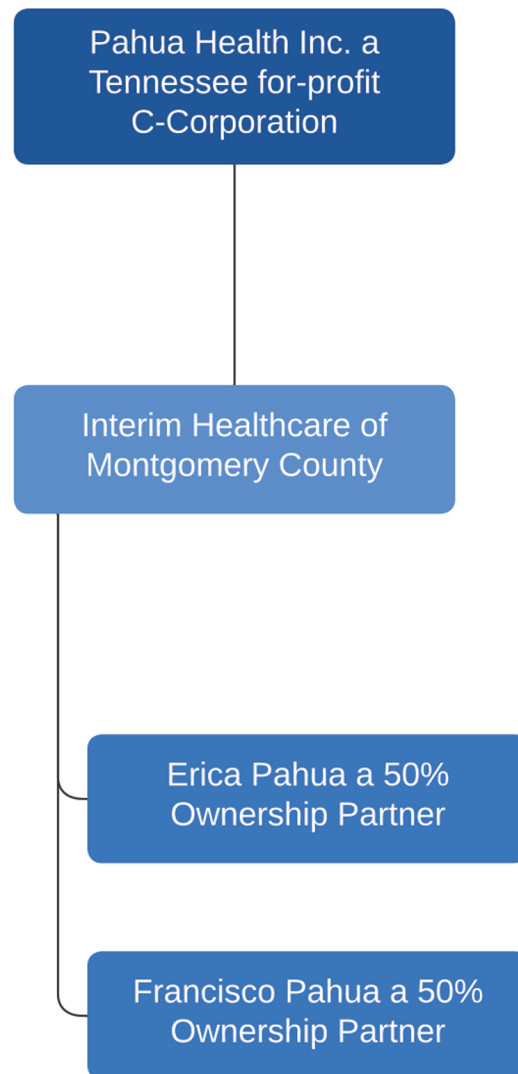
Incorporator

Title/Signer's Capacity

Apr 8, 2022 2:52PM

Date

Ownership Structure of Interim Healthcare of Montgomery County





Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: Pahua Health Inc

General Information

SOS Control # 001303372 Formation Locale: TENNESSEE
Filing Type: For-profit Corporation - Domestic Date Formed: 04/08/2022
04/08/2022 2:52 PM Fiscal Year Close 12
Status: Active
Duration Term: Perpetual

Registered Agent Address
ERICA PAHUA
4484 N PINSON RD
PORTLAND, TN 37148-8565

Principal Address
4484 N PINSON RD
PORTLAND, TN 37148-8565

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
01/30/2023	2022 Annual Report	B1329-3393
05/03/2022	Assumed Name	B1207-7116
New Assumed Name Changed From: No Value To: Interim Healthcare of Montgomery County		
04/08/2022	Initial Filing	B1197-7971

Active Assumed Names (if any)	Date	Expires
Interim Healthcare of Montgomery County	05/03/2022	05/03/2027



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FRANCISCO PAHUA
FRANCISCO PAHUA
4484 N PINSON RD
PORTLAND, TN 37148

June 29, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0536337

Issuance Date: 06/29/2023
Copies Requested: 1

Document Receipt

Receipt # : 008217448

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3853754952

\$20.00

Regarding: Pahua Health Inc

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 04/08/2022

Status: Active

Duration Term: Perpetual

Business County: ROBERTSON COUNTY

Control # : 1303372

Date Formed: 04/08/2022

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Pahua Health Inc

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 061471021

ATTACHMENT 9A

COMMERCIAL OFFICE LEASE

May 9, 2022

This office lease agreement is between White & Stafford LLC, (lessor) the owner of the Limited Liability Company which is located at Clarksville, Tennessee and operates its principal at 2687 Townsend Ct., Suite C, Clarksville, TN 37043 and between the lessee Interim Healthcare of Montgomery County (lessee) which has a mailing address of 4484 N. Pinson Rd., Portland, TN 37148.

The office space which is to be considered for lease is located at 540 Heritage Pointe Dr., Suite A, Clarksville, TN 37042.

This office space is approximately 1000 square feet within a one-story building.

No permanent decorative changes are permitted within the office.

Lessor and lessee shall each have a key to the leased office.

Lessee will be responsible for cleaning of the office.

Both of the parties agreed on the legitimate terms & conditions, whereas the lessee agrees to lease the office space and the lessor is interested to put the particular office location for lease.

The fixed rent to be paid by the lessee is \$1,700.00 payable monthly on the 1st of each month beginning July 1, 2022. A security deposit of \$1,700.00 will be collected on June 1, 2022 in order to hold the office space for lease and is non-refundable in the event the Lessee does not occupy the space. The Lessor is responsible for taxes, maintenance and building insurance. Lessee is responsible for general maintenance (furnace filters, light bulbs, window cleaning and trash pickup) on the property. Lessee will notify Lessor in a timely manner of any maintenance issues.

The term of this lease will be from July 1, 2022 to July 1, 2024. Lessee will give Lessor 30 -day notice of vacating the space. If Lessee should break the lease, Lessee will be responsible for two months of rent (\$3,400). Lessee will give 30-day notice of renewal of lease.

White & Stafford will give the Lessor the right of first offer to buy the property at 540 Heritage Pointe Drive, Clarksville, TN 37042. The right holder will have the option to make an offer on the property anytime during the lease term. The seller is free to accept or reject the offer.

WHITE & STAFFORD, LLC



Trudy Stafford, Member

Date:

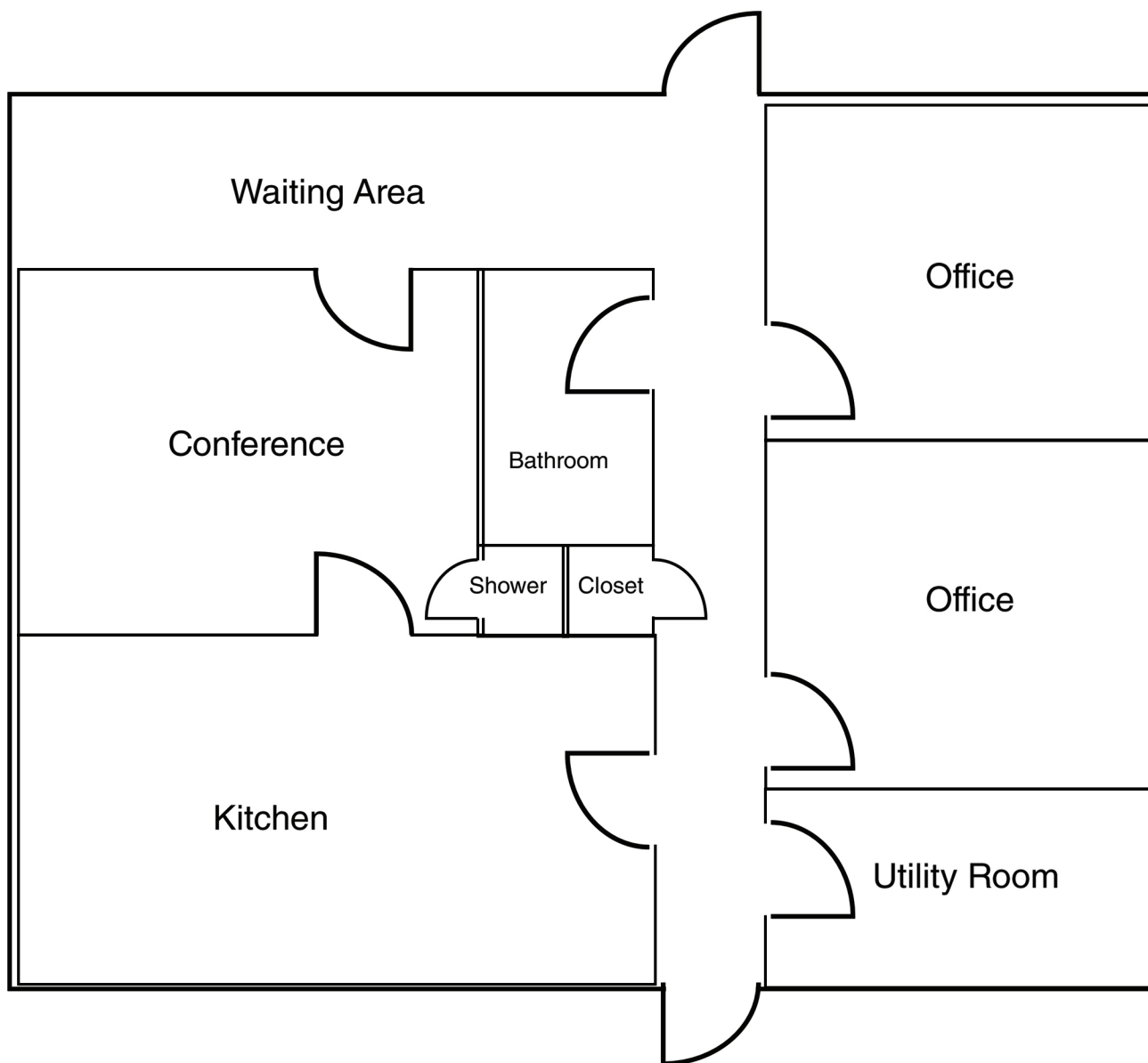
5/9/2022

INTERIM HEALTHCARE OF
MONTGOMERY COUNTY



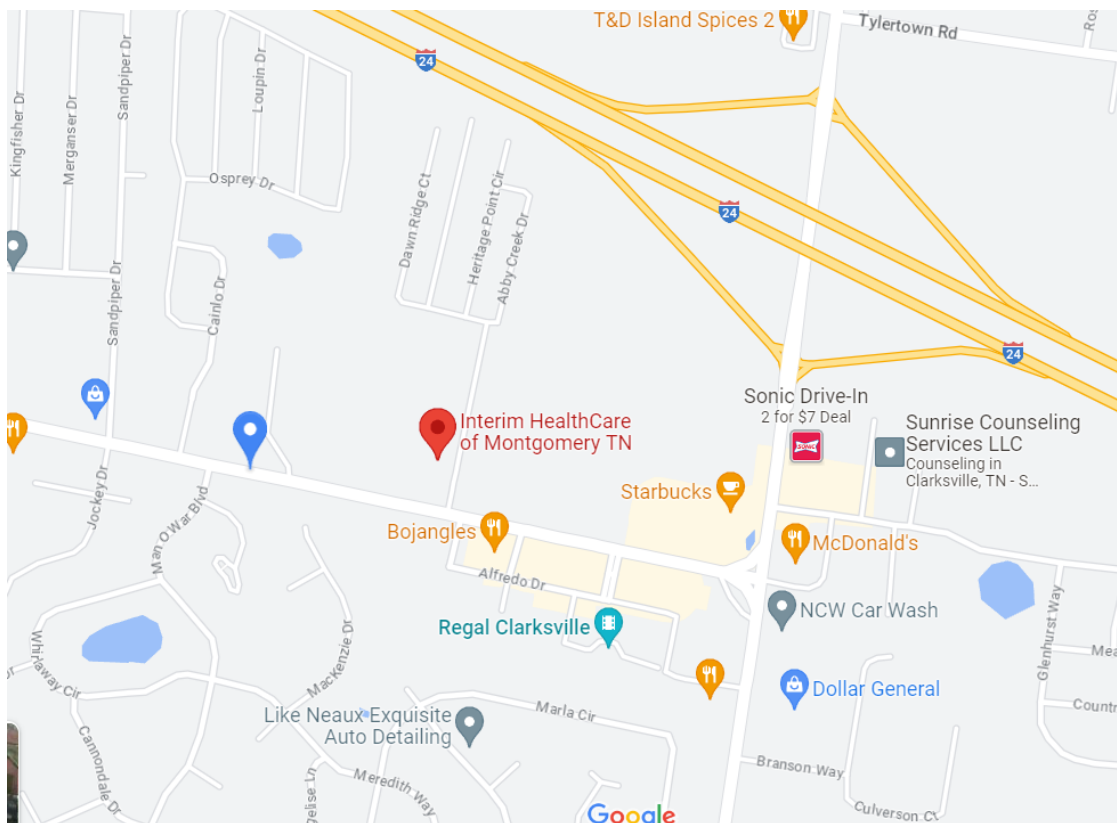
Erica Pahua, Owner

ATTACHMENT 10A

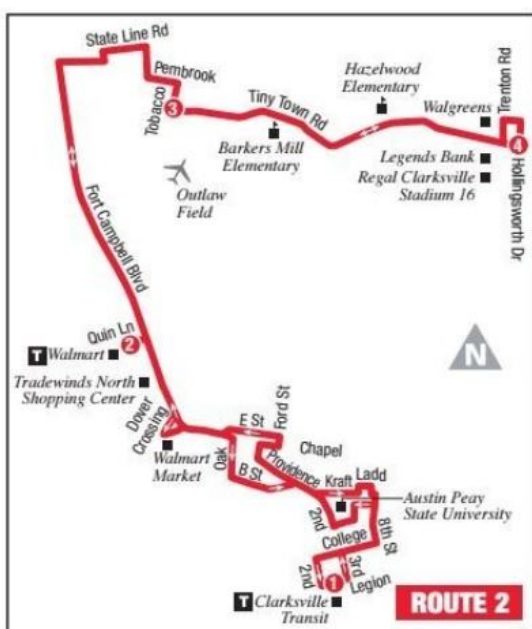


ATTACHMENT 11A

Public Transportation Routes:



Interim Healthcare of Montgomery County has leased space at 540 Heritage Pointe Dr. Clarksville, TN for its main office. It's location is in close proximity to Tiny Town Road which is part of Route 2 in Clarksville's Transit System.

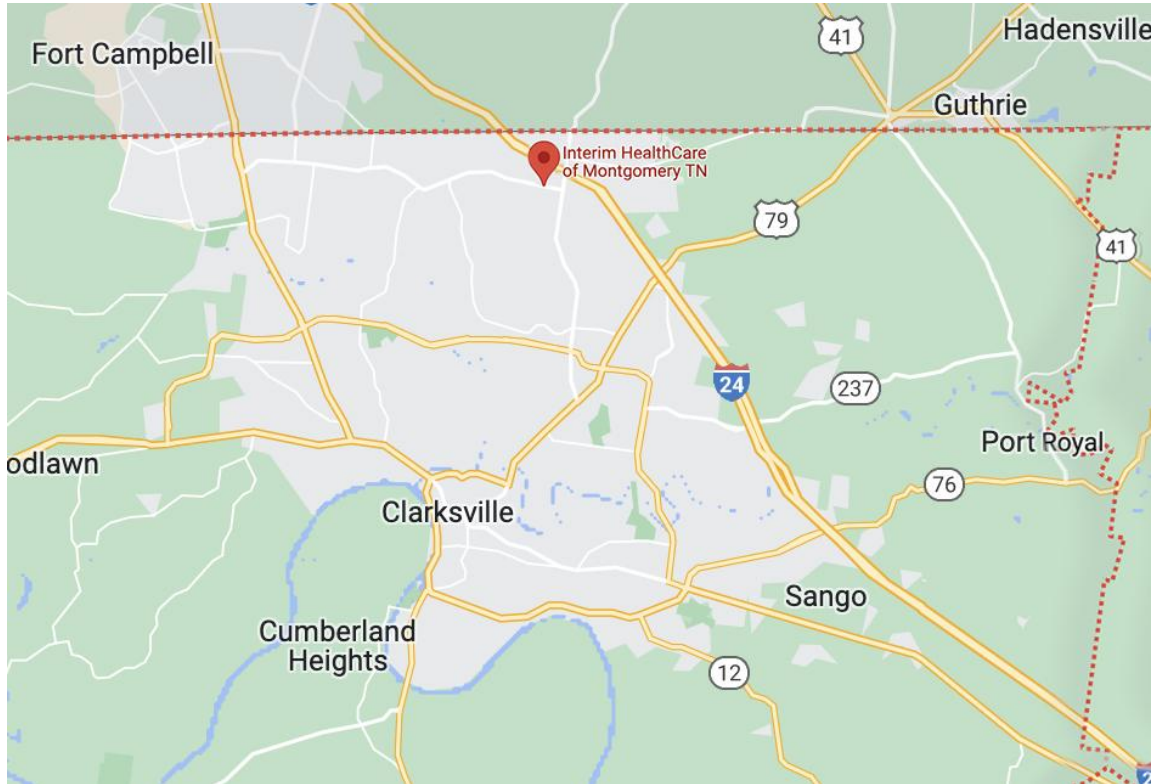


ROUTE 2: Tiny Town Road • Monday – Saturday						
1	2	3	4	3	2	1
BUS LEAVES Transit Center	Bus Leaves Walmart North	Bus Leaves Tobacco & Tiny Town Rd.	Bus Leaves Hollingswood Dr.	Bus Leaves Tobacco & Tiny Town Rd.	Bus Leaves Walmart North	BUS ARRIVES Transit Center
A.M.						
6:30	6:57	7:16	7:25	7:33	7:57	8:20
7:30	7:57	8:16	8:25	8:33	8:57	9:20
8:30	8:57	9:16	9:25	9:33	9:57	10:20
9:30	9:57	10:16	10:25	10:33	10:57	11:20
10:30	10:57	11:16	11:25	11:33	11:57	12:20
11:30	11:57	12:16	12:25	12:33	12:57	1:20
P.M.						
12:30	12:57	1:16	1:25	1:33	1:57	2:20
1:30	1:57	2:16	2:25	2:33	2:57	3:20
2:30	2:57	3:16	3:25	3:33	3:57	4:20
3:30	3:57	4:16	4:25	4:33	4:57	5:20
4:30	4:57	5:16	5:25	5:33	5:57	6:20
5:30	5:57	6:16	6:25	6:33	6:57	7:20
6:30	6:57	7:16	7:25	7:33	7:57	8:20

Shaded trips operate on Saturday

11A - Public Transportation Routes

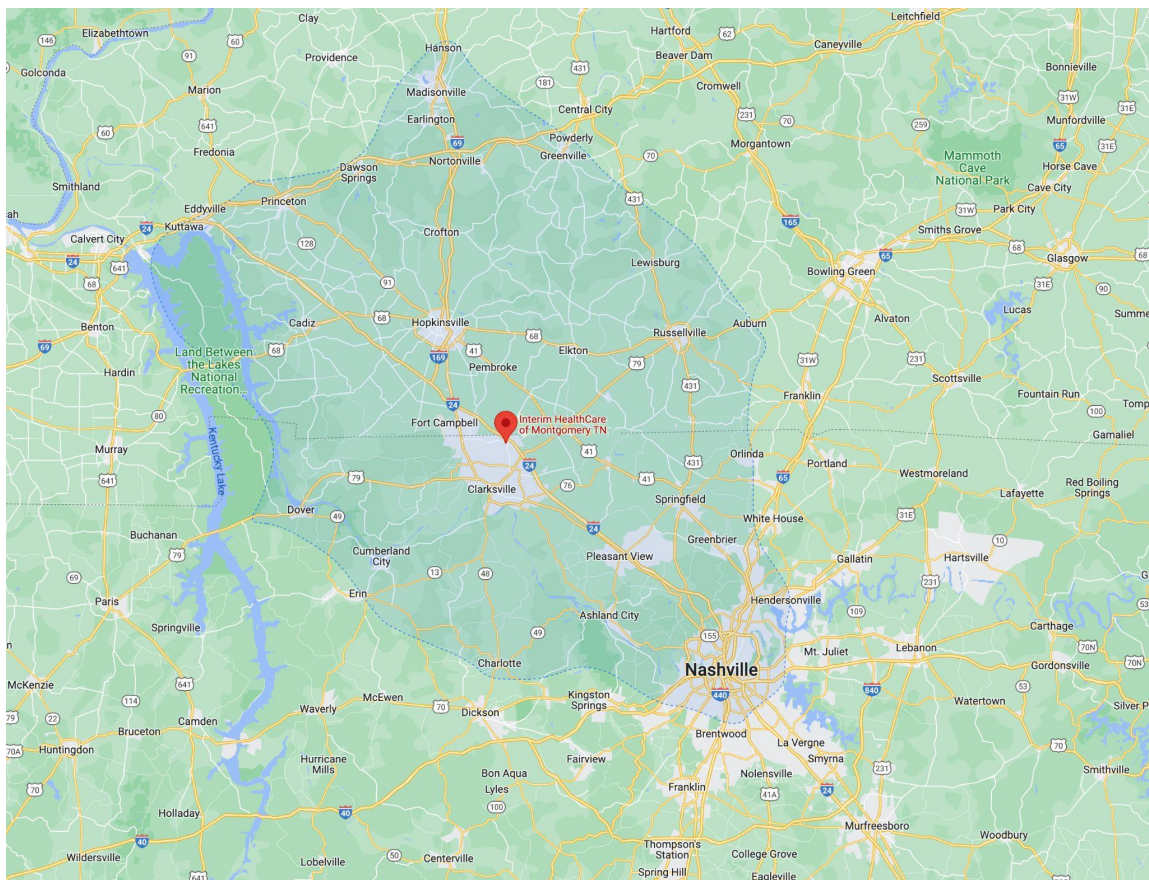
Because Interim Healthcare will be a home health & hospice provider, patients will be cared for in their home and will not visit the main office. The main office will be used for administrative purposes, as well as staff training and other office duties performed by home health staff.



As the map above shows, the main office is located in Montgomery County with convenient access to I-24. Outside of the downtown traffic but conveniently located off of I-24, the site is easily accessible to staff who need to come into the office and visit their patients across the service area. The main office is minutes from I-24, which provides convenient access to TN-76, TN-49, TN-79 which lead into nearby Robertson and Cheatham counties. Convenient access to major roads will allow staff reasonable access to all parts of the service area.

11A - Public Transportation Routes

The map below shows a 60-minute drive time from the proposed location. The map demonstrates that patients living in Interim Healthcare of Montgomery County's service area are within a 60-minute drive time from the main office.



ATTACHMENT 1E

1E. OVERVIEW

Description: Interim Healthcare of Montgomery County is seeking approval to establish a Home Health and in-home Hospice institution and to initiate services in Cheatham, Montgomery and Robertson Counties with an office located at 540 Heritage Pointe Drive Suite A Clarksville TN 37042. Home Health and Hospice services provided will place an emphasis on providing care to underserved populations such as members of rural communities, minority groups and pediatric clients.

Ownership Structure: Interim Healthcare of Montgomery County is a dba of Pahua Health Inc., a Tennessee for-profit C-Corporation owned 50% by Erica Pahua and 50% by Francisco Pahua.

Erica Pahua, a 50% owner, is an Advanced Practice Nurse with 15 years of experience as a midwife. Her extensive background in healthcare, coupled with her deep understanding of the Hispanic population, uniquely positions her to lead and manage a home health and hospice service. Erica's passion for educating the local community as well as making hospice services accessible for seniors is evident in her commitment to providing compassionate care and improving the quality of life for those in need.

Francisco Pahua, a 50% owner, has a background as both a Marketing Creative Director and Director of IT which has equipped him with the skills needed to develop effective strategies and educational outreach for local communities, raising awareness about home health and hospice services. His expertise in information technology and creative direction allows him to leverage digital platforms, deliver impactful messaging, and promote the significance of these services.

Service Area: Cheatham, Montgomery & Robertson Counties

Existing similar service providers: In the proposed service area, although there may be several hospice and home health providers, a significant distinction arises when considering their location. Most of these providers are based in larger nearby counties, which poses challenges in delivering the same level of care as a local provider. The importance of a local provider becomes particularly evident when considering the Hispanic community. Having a local provider familiar with the unique cultural needs and nuances within the Hispanic community allows for more tailored and culturally sensitive care. By understanding the language, traditions, and values of the Hispanic population, a local provider can bridge the gap and provide comprehensive care that encompasses not only physical well-being but also emotional and cultural support. This personalized approach makes a local provider an invaluable asset, ensuring that the Hispanic community receives the highest quality of care that aligns with their specific needs.

Project Cost: \$20,400

Staffing: Interim Healthcare of Montgomery County is a staffing company that specializes in providing skilled nursing facilities with qualified healthcare providers. They have a well-established infrastructure and a large team of healthcare professionals already serving local nursing facilities. The company ensures the highest level of expertise by offering training, continuing education, and regular competency assessments to their staff. They believe that consistent quality service is essential for healthcare companies and strive to retain their qualified personnel through a family-like work environment and opportunities for growth.

With their existing functioning as a staffing company, Interim Healthcare of Montgomery County guarantees the availability of personnel in the proposed service area. They have the capacity to recruit and train additional staff as needed, making them well-equipped to address the healthcare needs of the community. The owner, an Advanced Practice nurse, understands the importance of adequate staffing and aims to exceed the staffing guidelines and qualifications set by the National Hospice and Palliative Care Organization. Interim Healthcare of Montgomery County is fully committed to providing exceptional Hospice care, emphasizing recruitment, training, and retention of qualified personnel while complying with industry guidelines to improve the health and well-being of the community.

ATTACHMENT 2E

2E. RATIONALE FOR APPROVAL

Need: Interim Healthcare of Montgomery County is uniquely positioned to address the community's need for a new home health and hospice provider. With existing services in personal care and support as well as staffing, they have established relationships with local healthcare facilities, providing enrichment and quality services. The goal is to offer continuity of care by eventually expanding to provide all four service lines.

Continuity of care is crucial in healthcare for several reasons. It allows providers to develop a deep understanding of patients' health status, preferences, and goals, leading to better treatment decisions and outcomes. Being able to offer hospice services alongside existing home care services means timely and personalized care, as the relationship built through personal care and support facilitates a smoother transition. Additionally, continuity of care fosters trust, patient involvement, and comfort in discussing sensitive issues, leading to more effective care. By offering a comprehensive approach with home care aides, home health, and hospice services, Interim Healthcare can promote communication, collaboration, and acceptance of resources provided through hospice, meeting the community's healthcare needs.

Quality Standards: Interim Healthcare of Montgomery County operates as a staffing company, providing skilled healthcare providers to local nursing facilities. Their focus on quality care is evident through their rigorous recruitment, training, and supervision of healthcare professionals, ensuring the highest level of expertise. Continual education and competency assessments further maintain their quality standards. They prioritize patient satisfaction by fostering a family-like work environment, offering growth opportunities, and emphasizing teamwork to retain qualified personnel.

With an existing infrastructure and a large team of healthcare providers serving local nursing facilities, Interim Healthcare ensures continuity of care. They are well-positioned to address the healthcare needs of their service area through their ability to recruit, train, and expand personnel when necessary. The owner, an Advanced Practice nurse, is dedicated to surpassing the staffing guidelines set by the National Hospice and Palliative Care Organization, demonstrating their commitment to exceptional care. Their focus on quality standards, including recruitment, training, retention, and compliance with industry guidelines, enables them to provide exceptional care and improve the well-being of the community.

In addition to their commitment to quality care, Interim Healthcare of Montgomery County is actively working towards accreditation by the Community Health Accreditation Partner (CHAP), a leading accrediting body in the healthcare industry. This accreditation will further validate their adherence to rigorous quality standards and best practices.

Consumer Advantage: Interim Healthcare of Montgomery County is dedicated to addressing the principles for achieving better health by educating the community about the importance of home care and the resources it provides. This empowers individuals and families to benefit from the support that in-home care offers. By prioritizing continuity of care, Interim Healthcare enables informed choices that support physical, mental, and social well-being, addressing disparities based on socioeconomic status, race, ethnicity, gender, or geographic location. They actively educate underserved populations, such as rural communities, minorities, and pediatric clients, to bridge gaps in health disparities and engage individuals who may not have considered hospice before. Interim Healthcare prioritizes patient-centered care, respecting preferences, involving patients and families in decision-making, and fostering effective communication. With their comprehensive range of services, dedication to quality personalized care, and commitment to empowering individuals to remain in their communities, Interim Healthcare offers advantages to consumers in terms of choice, improved access to healthcare services, and affordability. By increasing access, promoting health literacy, and fostering collaboration and partnerships, Interim Healthcare contributes to better health outcomes, well-being, and reduced preventable diseases. Their presence as a trusted home care provider since 1966 ensures a safe environment for both clients and healthcare providers, and their evidence-based practices and continuous learning drive quality improvement in healthcare. Overall, Interim Healthcare strives to meet the diverse healthcare needs of the community, improve health equity, and enhance the overall quality of care.

ATTACHMENT 1N

Standards and Criteria Applicable to Home Health

*1. **Determination of Need:** In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. This 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed Service Area.*

Interim Healthcare of Montgomery County is committed to providing exceptional home health services across our three-county service area, encompassing Montgomery, Robertson, and Cheatham Counties. Based on the standard estimate that 1.5% of the total population will require home health services, these counties collectively demonstrate a need for approximately 4,754 home health admissions.

Here's the detailed breakdown per county:

Montgomery County, with a population of 227,899, exhibits a need for approximately 3,419 home health admissions.

Robertson County, with a population of 47,107, demonstrates a need for about 706 home health admissions.

Cheatham County, with a population of 41,525, presents a requirement for approximately 623 home health admissions.

By applying the 1.5% formula as a general guideline, these figures provide a comparative estimate of the home health services needed within our proposed Service Area.

Interim Healthcare of Montgomery County is ideally positioned to meet this demand. We have a strong track record of delivering high-quality care services, and our robust infrastructure, complemented by an expert team of healthcare professionals, enables us to meet and exceed the service requirements in these counties. Our commitment to patient-centered care, strong staffing capabilities, and a continuous dedication to personnel training and retention ensures that we effectively address the healthcare needs of our community.

2. Three Year Projection: *The need for home health services should be projected three years from the latest available year of final JAR data.*

Interim Healthcare of Montgomery County recognizes a substantial need for additional home health services in our proposed three-county service area - Montgomery, Robertson, and Cheatham Counties. The need is evidenced by the existing usage rates for home health services, which are significantly lower than the statewide average rate, indicating an underserved population in these areas.

Based on the 2021 JAR data, the current utilization rates for home health services in Montgomery, Robertson, and Cheatham counties stand at 0.8%, 1.9%, and 1.7% respectively. These figures are considerably below the statewide average utilization rate of 2.6%, signifying a clear gap in the provision of home health services.

Interestingly, the statewide average utilization rate of 2.6% also exceeds the 1.5% formula required by the standards and criteria. This suggests that the need for home health services is often greater than the estimated figure.

When the 2.6% utilization rate is applied to the projected population of the service area for the year 2026, the need for additional home health services becomes even more apparent:

In Montgomery County, with an expected need for 4,447 home health admissions,

In Robertson County, which shows a projected need for 469 home health admissions,

In Cheatham County, indicating a predicted need for 373 home health admissions.

These data points form a compelling argument for the introduction of more home health services in these counties. Interim Healthcare of Montgomery County is prepared and well-equipped to fill this service gap, ensuring that our community members have access to the high-quality, timely care they deserve. Our skilled and dedicated team of healthcare professionals is committed to meeting the needs of our patients and exceeding the expectations of our healthcare partners.

3. Use Rate: *The use rate of existing home health agencies in each county of the Service Area will be determined by examining the latest utilization rate as calculated from the JARs of existing home health agencies in the Service Area. Based on the number of patients served by home health agencies in the Service Area, an estimation will be made as to how many patients could be served in the future.*

Using the latest JAR data, the utilization rates for Montgomery, Robertson, and Cheatham counties are 0.8%, 1.9%, and 1.7%, respectively. However, when we apply the statewide average utilization rate of 2.6% to the population of the service area projected to 2024, we estimate a larger potential need: Montgomery County at 4,447, Robertson County at 469, and Cheatham County at 373. This suggests that the existing home health agencies in our service area are underutilized and that there is potential for an increase in services.

4. County Need Standard: *The applicant should demonstrate that there is a need for home health services in each county in the proposed Service Area by providing documentation (e.g., letters) where: a) health care providers had difficulty or were unable successfully to refer a patient to a home care organization and/or were dissatisfied with the quality of services provided by existing home care organizations based on Medicare's system Home Health Compare and/or similar data; b) potential patients or providers in the proposed Service Area attempted to find appropriate home health services but were not able to secure such services; c) providers supply an estimate of the potential number of patients that they might refer to the applicant.*

Interim Healthcare of Montgomery County is uniquely positioned to fulfill the growing demand for high-quality home health services in our proposed service area. Our confidence stems from several referrals we have received after other home health agencies turned them down due to inadequate staffing, reflecting the pressing need for reliable and well-staffed home health providers. (See Attachment 1N-4)

These referrals underscore the struggle healthcare providers face when attempting to secure reliable home health services for their patients. They have also voiced dissatisfaction with the services provided by existing agencies, often as a result of insufficient staffing leading to compromised quality of care. This feedback serves as a compelling testament to the existing unmet need for reliable and proficient home health services in our service area.

5. Current Service Area Utilization: *The applicant should document by county: a) all existing providers of home health services within the proposed Service Area; and b) the number of patients served during the most recent 12-month period for which data are available. To characterize existing providers located within Tennessee, the applicant should use final data provided by the JARs maintained by the Tennessee Department of Health. In each county of the proposed Service Area, the applicant should identify home health agencies that have reported serving 5 or fewer patients for each of the last three years based on final and available JAR data. If an agency in the proposed Service Area who serves few or no patients is opposing the application, that opponent agency should provide evidence as to why it does not serve a larger number of patients.*

Our proposed service area consists of several existing providers of home health services. Here is a snapshot of the performance of these providers over the years 2020 to 2022:

Home Health Agency (Service Area)	Home County	State ID	2020	2021	2022	Total	% Change 2020-2022
Accredo Health Group, Inc. (Shelby)	Shelby	79456	2	7	8	17	75%
Adoration Home Health, LLC (Davidson)	Davidson	19714	250	342	364	956	31%
Advanced Nursing Solutions (Davidson)	Davidson	19754	1	1	5	7	80%
Amedisys Home Health (Davidson)	Davidson	19674	113	77	5	195	-2160%
Amedisys Home Health (Glen Echo Rd) (Davidson)	Davidson	19024	848	762	895	2,505	5%
Amedisys Home Health Services (Davidson)	Davidson	19684	179	198	201	578	11%
American National Home Health (Wilson)	Wilson	95084	7	1	8	16	13%
Brookdale Home Health Nashville (Davidson)	Davidson	19504	57	77	38	172	-50%
Continuous Care Services, LLC (Davidson)	Davidson	19664	10	4	12	26	17%
Coram CVS Specialty Infusion Services (Davidson)	Davidson	19734	11	16	16	43	31%
Elk Valley Health Services Inc (Davidson)	Davidson	19494	10	8	17	35	41%
Home Care Solutions, Inc (Davidson)	Davidson	19544	15	28	43	86	65%
Home Health Care of Middle Tennessee	Davidson	19584	86	97	86	269	0%

(Davidson)							
Implanted Pump Management, LLC (Knox)	Knox	47452	0	0	1	1	100%
Lifeline Home Health Care (Robertson)	Robertson	74064	365	419	625	1409	42%
Maxim Healthcare Services, Inc (Williamson)	Williamson	94104	96	87	86	269	-12%
NHC Homecare (Maury)	Maury	60024	61	36	41	138	-49%
NHC Homecare (Robertson)	Robertson	74054	1007	550	691	2248	-46%
Pentec Health (Davidson)	Davidson	19744	2	2	1	5	-100%
Suncrest Home Health (Davidson)	Davidson	19324	41	23	17	81	-141%
Suncrest Home Health (Montgomery)	Montgomery	63044	380	351	425	1156	11%
Tennessee Quality Homecare - Southwest (Decatur)	Decatur	20045	248	363	573	1,184	57%
Vanderbilt Community & Home Services (Davidson)	Davidson	19394	2	0	2	4	0%
Vanderbilt HC w/ Option Care IV Services (Davidson)	Davidson	19994	11	10	20	41	45%
Vanderbilt Home Care Services (Davidson)	Davidson	19314	186	213	184	583	-1%
Willowbrook Home Health Care Agency (Davidson)	Davidson	19694	131	207	213	551	38%
TOTAL			4,119	3,879	4,577	12575	
Source: Joint Annual Report - Home Health Agencies							

Several providers in Davidson County reported serving fewer than 5 patients over the span of three years. Their minimal patient engagement, possibly due to their base location, may not adequately cater to the local needs of our proposed service area.

This data, juxtaposed with our estimates based on the statewide average utilization rate, highlights a considerable opportunity for an increase in service provision that is locally focused and more responsive to the specific needs of the populations in Montgomery, Robertson, and Cheatham counties.

Given the total number of cases handled by these agencies (13252 over three years), and acknowledging their geographical disconnect with the proposed service area, the case for a new local provider becomes apparent. Our projection estimates a need for 5,499 services in 2026 across the proposed service area. We believe a locally-based provider can be more responsive, offering better accessibility to residents in these counties, and effectively filling the existing gap in service provision.

6. Adequate Staffing: *Using TDH Licensure data, the applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and document that such personnel are available to work in the proposed Service Area. The applicant should state the percentage of qualified personnel directly employed or employed through a third party staffing agency.*

Interim Healthcare of Montgomery county not only provides a range of healthcare services but also functions as a staffing company. We specialize in recruiting, hiring, training, and supervising quality healthcare providers, and provide our local skilled nursing facilities with these qualified individuals. Our team includes a range of professionals from different disciplines to cater to the diverse needs of our clients. This includes RNs, Social Workers, Home Health Aides, Occupational Therapists, Physical Therapists, Psychiatric Nurses, Speech Therapists, and Physical Therapist Assistants.

For non-patient care, our team consists of an Executive Director, Business Office Staff and other support positions. No contractual staff are projected.

To ensure our staff maintains the highest level of expertise, we offer regular competency assessments and continuing education beyond initial training. We believe consistent quality service is vital to Home Health companies.

Our infrastructure already has the capacity to service the proposed service area, given the current personal care and support service line that services hard-to-reach rural areas. This existing network of healthcare providers, already serving local nursing facilities, will ensure continuity of care.

We actively work to avoid high staff turnover, providing a family-like work environment and opportunities for growth through a team-based approach. We believe that employee satisfaction is key to patient satisfaction, so we strive to retain our qualified personnel through these means.

The owner of Interim Healthcare is an Advanced Practice nurse who understands the impact of adequate staffing on the quality of healthcare. She is committed to not only complying with but surpassing the general staffing guidelines and qualifications set forth by organizations guiding Home Health services.

With our capacity to recruit and train additional personnel when needed, we are well-positioned to address the healthcare needs of our service area.

Interim Healthcare of Montgomery County is fully committed to providing exceptional Home Health care. We have the intent, the ability, and the necessary staffing to provide these services, and are prepared to comply with the guidelines set forth by relevant organizations. We are confident in our ability to offer services that will improve the health and well-being of our community.

7. Community Linkage Plan: *The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, referral arrangements with appropriate health care system providers/services (that comply with CMS patient choice protections) and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. A new provider may submit a proposed community linkage plan.*

Interim Healthcare is unique in its ability to provide continuity of care through four service lines: Personal Care and Support Services, Staffing, Home Health, and Hospice. Interim Healthcare of Montgomery county currently has the ability to provide their community with Personal Care and Support Services as well as staffing. They have cultivated relationships with local healthcare facilities in the area by actively providing their clients with enrichment and quality services. The ultimate goal is to be able to provide continuity of care to their clients by one day being able to provide all four service lines.

Continuity of care is vital in healthcare for several reasons. It allows healthcare providers to develop a deep understanding of the patient's health status, values, preferences, and goals. Maintaining long-term relationships with patients, providers gain insights into their social and emotional context, significantly impacting treatment decisions and outcomes. For example, Home Care providers can identify when a client may need more intensive Home Health services. Having the ability to offer Home Health services to our clients means our clients will receive care in a timely manner. They would be more open to Home Health services due to the relationship built through other home care services like personal care and support. The services would be personalized thanks to the comprehensive understanding of the patient's medical history, ongoing treatments, and individual needs, enabling them to provide appropriate and personalized care, ensuring a seamless transition between service lines.

Patients who receive care from familiar healthcare providers are more likely to feel valued, understood, and involved in their healthcare decisions. Continuity allows for the development of a therapeutic relationship based on trust and mutual understanding. Patients often feel more comfortable discussing sensitive issues, asking questions, and actively participating in their care when they have an established relationship with their healthcare providers. Building a relationship with a service that provides Home Care Aides, Home Health, and Hospice would allow for a comprehensive approach in the Clients care. It would promote communication and collaboration among the Client and their healthcare team, increasing the likelihood of a client accepting the resources provided through Home Health services.

Interim Healthcare of Montgomery County actively participates in its community by volunteering at local senior centers, providing education at local senior activities, participating in the local Alzheimer's committee and providing pet therapy as part of Interim Healthcare's enrichment program.

Interim plans to establish and strengthen partnerships between Interim Healthcare and various community stakeholders such as Healthcare providers, Social Services Agencies, Community Organizations, Educational Institutions, Funeral Homes, Public Presentations, Community Events, Media Engagement, Online presence, Bereavement support services, prioritizing underserved communities, including minority and low-income families.

To enhance access to home health services, increase community awareness, and improve the quality of care for patients and their families, Interim Healthcare of Montgomery County will reach out to healthcare providers, social service agencies, community organizations, religious institutions, and educational institutions. They will also establish relationships with local funeral homes and facilitate bereavement support services.

In order to increase public knowledge about their home health services, Interim Healthcare of Montgomery County will offer public presentations, participate in community events, engage with local media, and maintain a robust online presence.

The volunteer recruitment and training program will be expanded to attract individuals from diverse backgrounds. These volunteers will provide companionship, emotional support, and practical assistance to patients and families. Interim Healthcare will also hold regular care coordination meetings to enhance the communication and coordination of care among healthcare providers, social service agencies, and other staff members.

Interim Healthcare of Montgomery County will collect feedback from patients, families, and community partners, establish key performance indicators to monitor the effectiveness of their community linkage plan, and provide continuous training and education to staff members.

Through the implementation of this comprehensive plan, Interim Healthcare aims to enhance community awareness and improve the quality of care provided to patients and their families.

8. TennCare Managed Care Organizations (MCOs) and Financial Viability: *Given the time frame required to obtain Medicare certification, an applicant proposing to contract with the Bureau of TennCare's MCOs should provide evidence of financial viability during the time period necessary to receive such certification. Applicants should be aware that MCOs are under no obligation to contract with home care organizations, even if Medicare certification is obtained, and that Private Duty Services are not Medicare certifiable services. Applicants who believe there is a need to serve TennCare patients should contact the TennCare MCOs in the region of the proposed Service Area and inquire whether their panels are open for home health services, as advised in the notice posted on the HSDA website, to determine whether at any given point there is a need for a provider in a particular area of the state; letters from the TennCare MCOs should be provided to document such need. See Note 2 for additional information.*

Applicants should also provide information on projected revenue sources, including non-TennCare revenue sources.

Interim Healthcare of Montgomery County understands the time frame required to obtain Medicare certification and the importance of demonstrating financial viability during this period. We have ensured adequate financial resources to sustain our operations during this time, showcasing our commitment and preparedness to serve the community.

In recognizing that Managed Care Organizations (MCOs) are under no obligation to contract with home care organizations even upon obtaining Medicare certification, we have proactively reached out to MCOs in the region of our proposed Service Area. We have sought their feedback on the need for home health services and their openness to new providers.

As a result of our inquiries, we are pleased to share that we have received positive responses from all MCOs indicating a need for our proposed services in the area and an openness to contracting with us. We have attached letters as evidence of our proactive engagement with the MCOs and their receptiveness to our services. These letters further substantiate the need for our home health services in the proposed Service Area and reinforce our readiness to fill this need.

We are aware that Private Duty Services are not Medicare certifiable services. Our focus is on providing comprehensive home health services that meet Medicare certification requirements, serving both Medicare and TennCare beneficiaries.

9. Proposed Charges: *The applicant's proposed charges should be reasonable in comparison with those of other similar agencies in the Service Area or in adjoining service areas. The applicant should list:*

- a. *The average charge per visit and/or episode of care by service category, if available in the JAR data.*
- b. *The average charge per patient based upon the projected number of visits and/or episodes of care and/or hours per patient, if available in the JAR data.*

Interim Healthcare of Montgomery County demonstrates a commitment to compliance by ensuring that their benefit level charges are reasonable in comparison to other similar facilities in the service area or adjoining service areas. They prioritize transparency and fairness in their pricing structure, aiming to provide cost-effective services without compromising the quality of care.

To determine the reasonableness of their benefit level charges, Interim Healthcare conducts thorough market research and analysis. They assess the pricing models of comparable facilities in the service area and adjoining regions, taking into account factors such as the scope of services provided, the qualifications of healthcare professionals, and the overall value delivered to patients.

By benchmarking their charges against industry standards, Interim Healthcare ensures that their pricing remains competitive and aligned with the prevailing market rates. They strive to offer services at a reasonable cost while maintaining the high-quality care that their patients expect and deserve.

Home Health Agency (Service Area)	Home County	State ID	Total Visits	Total Gross Revenue	Average Charge per Visit
Adoration Home Health, LLC (Davidson)	Davidson	19714	187,124	\$54,767,866	\$292.68
Advanced Nursing Solutions (Davidson)	Davidson	19754	987	\$164,585	\$166.75
Amedisys Home Health (Davidson)	Davidson	19674	24,028	\$9,916,655	\$412.71
Amedisys Home Health (Glen Echo Rd) (Davidson)	Davidson	19024	28,668	\$8,261,709	\$288.19
Amedisys Home Health Services (Davidson)	Davidson	19684	31,174	\$4,694,167	\$150.58
Brookdale Home Health Nashville (Davidson)	Davidson	19504	20,906	\$3,714,541	\$177.68

Continuous Care Services, LLC (Davidson)	Davidson	19664	2,907	\$467,775	\$160.91
Coram CVS Specialty Infusion Services (Davidson)	Davidson	19734	936	\$137,782	\$147.20
Home Care Solutions, Inc (Davidson)	Davidson	19544	53,623	\$9,007,273	\$167.97
Home Health Care of Middle Tennessee (Davidson)	Davidson	19584	53,071	\$13,417,139	\$252.81
Implanted Pump Management, LLC (Knox)	Knox	47452	221	\$33,150	\$150.00
Lifeline Home Health Care (Robertson)	Robertson	74064	10,900	\$1,762,190	\$161.67
NHC Homecare (Maury)	Maury	60024	61,328	\$11,204,116	\$182.69
NHC Homecare (Robertson)	Robertson	74054	58,818	\$8,989,653	\$152.84
Pentec Health (Davidson)	Davidson	19744	737	\$606,509	\$822.94
Suncrest Home Health (Davidson)	Davidson	19324	38,807	\$6,980,091	\$179.87
Suncrest Home Health (Montgomery)	Montgomery	63044	7,708	\$1,467,783	\$190.42
Tennessee Quality Homecare - Southwest (Decatur)	Decatur	20045	125,115	\$30,396,181	\$242.95
Vanderbilt HC w/ Option Care IV Services (Davidson)	Davidson	19994	3,306	\$417,028	\$126.14
Vanderbilt Home Care Services (Davidson)	Davidson	19314	66,819	\$21,119,495	\$316.07
Willowbrook Home Health Care Agency (Davidson)	Davidson	19694	41,361	\$7,380,180	\$178.43
TOTAL			818,544	\$194,905,868	\$238
Interim Healthcare of Montgomery County	Montgomery	-	6,804	\$1,512,000	\$222.22

Source: 2022 Tennessee Department of Health Joint Annual Report of Home Health

Applicant	Proposed Charge Per Visit
Interim Healthcare of Montgomery County	\$222.22

10. Access: *In concert with the factors set forth in HSDA Rule 0720-11-.01(1) (which lists those factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area for groups with special medical needs such as, but not limited to, medically fragile children, newborns and their mothers, and HIV/AIDS patients. Pediatrics is a special medical needs population, and therefore any provider applying to provide these services should demonstrate documentation of adequately trained staff specific to this population's needs with a plan to provide ongoing best practice education. For purposes of this Standard, an applicant should document need using population, service, special needs, and/or disease incidence rates. If granted, the Certificate of Need should be restricted on condition, and thus in its licensure, to serving the special group or groups identified in the application. The restricting language should be as follows: **CONDITION:** Home health agency services are limited to (identified specialty service group); the expansion of service beyond (identified specialty service group) will require the filing of a new Certificate of Need application. Please see Note 3 regarding federal law prohibitions on discrimination in the provision of health care services.*

Interim Healthcare of Montgomery County submits this application in response to the identified need in the service area counties we currently cover, notably due to their lower use rates. This need was established based on a comprehensive community needs assessment, which involved analysis of current state and federal home health data, and extensive consultations with key stakeholders, including hospitals, health clinics, skilled nursing facilities (SNFs), assisted living facilities (ALFs), physicians, community leaders, cultural and religious leaders, insurance companies, and veterans' organization leaders.

Our proposed expansion is deeply rooted in a commitment to serve all clinically appropriate home health patients in the counties we cover. As a minority-owned business, we have a keen understanding of and commitment to addressing health disparities often experienced by rural communities and minority populations, which are given utmost importance in our operational strategies.

In preparation for this expansion, we have reviewed available home health utilization data and conducted a community-oriented needs assessment to identify underserved populations. Our plan is to design new programs that meet the unique needs of these populations, an approach that has proven successful across the country. This is all part of our commitment to offer programs that align with the particular needs of area residents.

11. Quality Control and Monitoring: *The applicant should identify and document its existing or proposed plan for data reporting (including data on patient re-admission to hospitals), quality improvement, and an outcome and process monitoring system (including continuum of care and*

transitions of care from acute care facilities). If applicable, the applicant should provide documentation that it is, or that it intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS.

Interim Healthcare of Montgomery County is committed to maintaining the highest standards of quality control and monitoring in the delivery of our home health services. As part of our approach, we have set forth a comprehensive plan for data reporting, which includes the careful monitoring of patient re-admission to hospitals. This practice enables us to track our effectiveness and adjust our services as needed to minimize readmissions and ensure the best possible outcomes for our patients.

To drive continuous quality improvement, we plan to establish an outcome and process monitoring system. This system is designed to provide a thorough analysis of our care delivery, focusing on the continuum of care and the transitions of care from acute care facilities. It allows us to pinpoint any potential areas of weakness in our service provision and make necessary improvements promptly and efficiently.

We are proud to share that we plan to adhere to Community Health Accreditation Program (CHAP) compliant policies and procedures. These guidelines set the standard for quality in the home healthcare industry and align well with our commitment to excellence in patient care.

In addition, we aim to attain full accreditation by CHAP within the first year of operation. This accreditation is widely recognized in the healthcare industry as a mark of quality and will affirm our dedication to providing top-tier care.

Interim Healthcare is a reputable franchise established in 1966, and though each location is privately owned, we all share the same commitment to quality and service excellence. The applicants do not own any other hospice agency in this or any other state, demonstrating our complete focus and commitment to the successful operation and quality control of Interim Healthcare of Montgomery County.

12. Data Requirements: *Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.*

Interim Healthcare of Montgomery County is fully committed to transparency and cooperation with the Department of Health and the Health Services and Development Agency. We recognize the value of accurate data in informing policy decisions and improving the quality of healthcare services. To this end, we utilize Electronic Health

Records (EHR), a digital system that allows us to accurately and efficiently track and report statistical data related to our operations and the services we provide.

Our EHR system is designed to ensure we can quickly and easily provide all reasonably requested information and statistical data to regulatory bodies.

We fully agree to provide the Department of Health and/or the Health Services and Development Agency with all requested information. We commit to delivering this data promptly and in the required format, aligning with the current standard of practice. We are also prepared to adapt to new data reporting streams as they evolve over time, ensuring we continue to meet all requirements for data provision.

By integrating these data requirements into our practice, we aim to contribute to the broader effort of enhancing health service delivery and outcomes within our community and across the state.

STANDARDS AND CRITERIA APPLICABLE TO HOSPICE

*1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application. Importantly, the applicant must document that such qualified personnel are available for hire to work in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization.*

Interim Healthcare of Montgomery county also functions as a staffing company. We provide our local skilled nursing facilities with qualified nurses and ancillary care providers. Interim healthcare specializes in recruiting, hiring, training and supervising quality healthcare providers. Beyond training, our staff is provided with continuing education as well as regular competency assessments to ensure the highest level of expertise is maintained. We believe consistent quality service is vital to Health Care companies.

We are confident that we can provide adequate staffing because we already have an existing infrastructure that services the proposed service areas. We currently have a personal care and support service line that services rural hard to fill areas. Therefore, our vast team of healthcare providers, already serving the local community, will ensure continuity of care.

To avoid high staff turnover, we currently offer a family like work environment, opportunities for growth, and a team based approach. We believe that a satisfied employee is key to patient satisfaction, and we strive to retain our qualified personnel through these means.

Given our existing functioning as a staffing company, we assure the availability of personnel to work in the proposed service area. Our large volume of staff and our ability to recruit and train additional personnel when needed make us well-positioned to address the healthcare needs of our service area.

Additionally, the owner is an Advanced Practice nurse who has an awareness of the impact adequate staffing has on the quality of healthcare. Her goal is always to comply and surpass the general staffing guidelines and qualifications set forth by the National Hospice and Palliative care Organization.

In conclusion, Interim Healthcare of Montgomery County has both the intent and the ability to provide exceptional Hospice care. We are fully committed to the recruitment,

hiring, training, and retention of qualified personnel to provide these services and to comply with the guidelines set forth by the NHPKO. We are confident in our ability to offer services that will improve the health and well-being of our community.

2. Community Linkage Plan: *The applicant should provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application should detail specific instances of unmet need for hospice services.*

Interim Healthcare has been a trusted source of Home Care since 1966. Interim Healthcare is unique due to its comprehensive range of services, its aim for continuity of care and its dedication to delivering quality personalized care all within the comfort of each individuals' homes.

As a leading home care provider, Interim Healthcare seeks to offer the full continuum of care including personal care and support, skilled nursing, therapy and hospice care. This allows for care recipients to benefit from quality healthcare across all different stages of life and health conditions, all while remaining in the familiar and supportive environment of home.

Interim Healthcare strives to enhance comfort and empower individuals to remain in their communities. It is unique in its ability to provide continuity of care through four service lines: Personal Care and Support Services, Staffing, Home Health and Hospice. Interim Healthcare of Montgomery county currently has the ability to provide their community with Personal Care and Support Services as well as staffing. Through their ability to provide Personal Care and Support as well as staffing, they have been able to cultivate relationships with local healthcare facilities in the area. They actively provide their clients with enrichment and quality services. The ultimate goal is to be able to provide continuity of care to their clients by one day being able to provide all four service lines.

Continuity of care is vital in healthcare for several reasons. The first being that continuity of care allows healthcare providers to develop a deep understanding of the patient's health status, values, preferences, and goals. By maintaining long-term relationships with patients, providers gain insights into their social and emotional context, which can significantly impact treatment decisions and outcomes. For example, Home Care providers are often the first line to recognize when a client is in need of Hospice services. Having the ability to offer Hospice service to our clients would mean that our Clients would have the opportunity to receive care in a more timely manner. They would be more likely to be open to Hospice services due to the relationship built through other

home care services like personal care and support. The services would be personalized thanks to the comprehensive understanding of the patient's medical history, ongoing treatments, and individual needs, enabling them to provide appropriate and personalized care. This would consequently ensure a seamless transition between service lines.

Unfortunately, Hospice continues to be a taboo word. Patients who receive care from familiar healthcare providers are more likely to feel valued, understood, and involved in their healthcare decisions. Continuity allows for the development of a therapeutic relationship based on trust and mutual understanding. Patients often feel more comfortable discussing sensitive issues, asking questions, and actively participating in their care when they have an established relationship with their healthcare providers. Building a relationship with a service that provides Home Care Aides, Home Health and Hospice would allow for a comprehensive approach in the Clients care. It would promote communication and collaboration among the Client and their healthcare team and consequently increase the likelihood of a client accepting the resources provided through Hospice.

Interim Healthcare of Montgomery County actively participates in its community by volunteering at local senior centers, providing education at local senior activities, participating in the local Alzheimer's committee and providing pet therapy as part of Interim Healthcare's enrichment program.

Hospice continues to be an under used service due to the negative connotation that comes with the word "Hospice". As part of Interim Healthcare's Community Linkage Plan, Interim plans to establish and strengthen partnerships between Interim Healthcare and various community stakeholders such as Healthcare providers, Social Services Agencies, Community Organizations, Educational Institutions, Funeral Homes, Public Presentations, Community Events, Media Engagement, Online presence, and Bereavement support services.

Most importantly, both owners come from humble minority communities. Much emphasis will be placed on serving low income families who would typically not be catered to. Additionally, both owners are first generation Latinos. Their goal will be to service minority groups who are not familiar with Hospice and who would not have otherwise considered hospice care.

In order to enhance access to hospice services, increase community awareness, and improve the quality of end-of-life care for patients and their families Interim Healthcare of Montgomery County will do the following:

a. Healthcare Providers: Interim Healthcare will reach out to hospitals, clinics, and primary care physicians to establish collaborative relationships for referrals and coordinated care. Particular emphasis will be placed on rural communities in order to provide care to underserved communities. Additionally, Healthcare providers will be

educated on the usage of Hospice care and the incredible resource that hospice truly is. Education on the importance of timely referrals will be provided as well as how to have the conversation of hospice care that is often avoided by many healthcare providers. Lastly, given that Interim Healthcare of Montgomery county, already services Pediatric Clients through their Personal Care and Support Service line, emphasis will be placed on educating Vanderbilt Children's Hospital as well as Pediatric oncologists to the availability of hospice support for their pediatric clients.

b. Social Service Agencies: Interim Healthcare will connect with local agencies that provide support services to patients and families, such as senior centers, support groups and religious organizations. Emphasis will be placed on rural senior centers who are often forgotten. Minority churches will be educated on what hospice is and the support it provides. Hospice is often misunderstood within many communities but especially in minority communities. Therefore, Interim will focus on education and support of minorities in need. Caregiver support groups are a place where family members who are mentally exhausted from the pressures that come when caring for an ill loved one come to seek resources and support. Often these family members do not recognize how much support hospice can provide and how it can contribute to the families stability and well being. Efforts will be placed on educating our families and community.

c. Community Organizations: Interim Healthcare will partner with community organizations, such as the Senior Services Network and Geriatric Councils, volunteer groups, and advocacy organizations, to raise awareness and promote volunteer involvement in hospice activities.

d. Religious Institutions: Interim Healthcare will place a large emphasis on minority churches in order to promote educational services. Emphasis will be placed on the fact that Hospice is a resource available to families in need of home care. Education will be provided in order to ensure that minority communities understand that Hospice does not mean they have given up. It simply means that they are not alone and that resources are available to families in need of much welcomed care.

e. Educational Institutions: Interim Healthcare will collaborate with universities, nursing schools, and medical training programs to offer educational opportunities for students and professionals interested in end-of-life care.

f. Funeral Homes: Interim Healthcare will establish relationships with local funeral homes to facilitate seamless transitions and provide bereavement support.

Interim Healthcare of Montgomery County will focus on Outreach and Education through:

a. Public Presentations: Interim Healthcare will offer educational presentations to community groups, senior centers, and other organizations to increase awareness about hospice care, its benefits, and how to access services.

b. Community Events: Interim Healthcare will participate in health fairs, community festivals, and other local events to engage with the public, distribute informational materials, and address questions or concerns.

c. Media Engagement: Interim Healthcare will develop relationships with local media outlets to share expert perspectives on hospice care, creating a positive narrative. The goal will be to highlight the incredible resource that Hospice provides for patients and families in need of support.

d. Online Presence: Interim Healthcare will maintain an informative and user-friendly website, active social media profiles, and online resources to provide accessible information about hospice services, eligibility criteria, and frequently asked questions.

Volunteer Recruitment and Training:

a. Volunteer Programs: Interim Healthcare will establish a robust volunteer program to provide companionship, emotional support, and practical assistance to patients and families. Interim will recruit volunteers from diverse backgrounds and provide comprehensive training on hospice philosophy, communication skills, and bereavement support.

b. Volunteer Recognition: Interim will recognize and appreciate the contributions of volunteers through regular appreciation events, newsletters, and acknowledgment in hospice publications or social media platforms.

Collaborative Care Coordination:

a. Referral Network: Interim will establish a streamlined process for receiving and managing referrals from healthcare providers and community partners to ensure timely access to hospice services.

b. Care Coordination Meetings: Interim Healthcare will organize regular meetings with healthcare providers, social service agencies, and other staff members in order to facilitate communication, address patient needs, and enhance the coordination of care.

c. Bereavement Support Services: Interim Healthcare will develop partnerships with bereavement support groups and mental health professionals to offer comprehensive grief counseling and support to patients' families after the loss of a loved one.

Evaluation and Continuous Improvement:

a. Feedback Mechanisms: Interim Healthcare will implement mechanisms to collect feedback from patients, families, and community partners to assess the quality of services, identify areas for improvement, and address concerns promptly.

b. Performance Metrics: Interim Healthcare will establish key performance indicators (KPIs) to monitor the effectiveness of the community linkage plan, such as the number of referrals, patient satisfaction scores, and community engagement metrics.

c. Continuous Training: Interim Healthcare will provide ongoing training and education to staff members to ensure they stay updated with best practices in end-of-life care and communication.

By implementing this Community Linkage Plan, Interim Healthcare can establish meaningful partnerships with key stakeholders, enhance community awareness, and ultimately improve the quality of care provided to patients and their families.

*3. **Proposed Charges:** The applicant should list its benefit level charges, which should be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.*

Interim Healthcare of Montgomery County demonstrates a commitment to compliance by ensuring that their benefit level charges are reasonable in comparison to other similar facilities in the service area or adjoining service areas. They prioritize transparency and fairness in their pricing structure, aiming to provide cost-effective services without compromising the quality of care.

To determine the reasonableness of their benefit level charges, Interim Healthcare conducts thorough market research and analysis. They assess the pricing models of comparable facilities in the service area and adjoining regions, taking into account factors such as the scope of services provided, the qualifications of healthcare professionals, and the overall value delivered to patients.

By benchmarking their charges against industry standards, Interim Healthcare ensures that their pricing remains competitive and aligned with the prevailing market rates. They strive to offer services at a reasonable cost while maintaining the high-quality care that their patients expect and deserve.

Hospice Agency	Home County	State ID	Total Visits	Total Gross Revenue	Average Charge per Visit
Adoration Hospice (fka Hospice Advantage) (Davidson)	Davidson	19704	17,495	\$9,509,780	\$543.57
Alive Hospice (Davidson)	Davidson	19624	64,868	\$21,485,534	\$331.22
Amedisys Hospice (Central Pike) (Davidson)	Davidson	19674	14,673	\$3,694,539	\$251.79
Aseracare Hospice-McKenzie (Carroll)	Carroll	9645	38,449	\$10,591,527	\$275.47
Avalon Hospice (Davidson)	Davidson	19694	330,058	\$80,579,206	\$244.14
Caris Healthcare (Davidson)	Davidson	19714	47,176	\$16,996,480	\$360.28
Caris Healthcare (Robertson)	Robertson	74624	6,442	\$3,154,939	\$489.75
Comfort Care Hospice of Middle Tennessee (Robertson)	Robertson	74614	8,064	\$2,271,426	\$281.67
Guardian Hospice of Nashville, LLC (Williamson)	Williamson	94614	11,810	\$4,224,132	\$357.67
Heart and Soul, LLC (Davidson)	Davidson	19744	1,771	\$326,915	\$184.59
Highpoint Hospice (TN In Home Partners II, LLC) (Sumner)	Sumner	83614	12,255	\$3,562,278	\$290.68
Kindred Hospice (Davidson)	Davidson	19684	15,991	\$4,802,746	\$300.34
Tennessee Quality Hospice (Madison)	Madison	57615	32,801	\$18,627,936	\$567.91
Tennova Home Health and Hospice - Clarksville (Montgomery)	Montgomery	63604	9,116	\$2,365,990	\$259.54
TOTAL			610,969	\$182,193,428	\$298.20
Interim Healthcare of Montgomery County (Montgomery)	Montgomery	-			\$298.00

*Net Charge is based on Net Revenue/Patient Days

Source: 2022 Tennessee Department of Health Joint Annual Report of Hospice

4. Access: The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Interim Healthcare of Montgomery County demonstrates an exceptional ability and willingness to serve equally all of the service areas for which certification is sought. As an established provider of non-medical home care already serving all three counties in question, they have active staff members operating in those areas. This existing presence and experience in the service areas validate their commitment to reaching underserved communities, particularly in rural areas that often face limited access to healthcare services.

Furthermore, Interim Healthcare is a minority-owned business who recognizes the importance of addressing healthcare disparities and serving minority populations. They prioritize education, outreach, and culturally sensitive care to ensure equitable access and quality services for these communities.

Additionally, Interim Healthcare already serves pediatric clients and their families. Therefore they seek to provide Pediatric families with continuity of care by also providing Hospice care.

Interim understands this is a specialty. However, there is emerging evidence that children and families with available pediatric hospice providers in their community are more likely to enroll in pediatric hospice care than children who lack those resources in their community (<https://www.ncbi.nlm.nih.gov>).

According to recent studies, there are approximately 44,000 pediatric deaths in the United States, each year (Hamilton et al., 2013). Many of these children die with a serious health condition and yet, are never enrolled in hospice care. Interim Healthcare understands that this is a very specialized need, however we feel that it is an important and underserved population. Therefore, we will seek to educate families of children diagnosed with terminal illnesses of the physical and psychosocial benefits of using pediatric hospice care.

Much emphasis will be placed on community outreach and education with the end goal of eliminating the taboo that comes with the word “hospice”. Interim will seek to instead replace the word “hospice” with “resource”, highlighting the impact that having available resources can have to the physical and mental health of the patients and their families. We know that members of the Montgomery, Cheatham and Robertson County community would greatly benefit from the continuity of care that would come from Interim Healthcare having the ability to provide Hospice care to complement the personal care and support services they already provide.

5. Indigent Care: *The applicant should include a plan for its care of indigent patients in the Service Area, including:*

a. Demonstration of a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.

In order to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services, Interim Healthcare plans to collaborate with local community organizations, charitable foundations, and government agencies that provide financial support for indigent individuals. Currently, Interim Healthcare takes Pediatric TennCare Clients in all three MCOs. Additionally, they serve clients under the CHOICES program. Our clientele is currently evenly distributed between TennCare/CHOICES clients, all three MCOs and private pay clients. Our goal will always be to provide care to clients on all sides of the economic spectrum.

b. Details about how the applicant plans to provide this outreach.

Interim Healthcare will continue to provide educational programs and outreach initiatives to raise awareness about hospice care among indigent populations and their communities. They will continue to provide information about the benefits of hospice, eligibility criteria, and available financial assistance options.

Interim Healthcare will continue to Advocate for policies and regulations that support access to hospice care for indigent patients. They will collaborate with local, regional, and national advocacy groups to promote equitable access to end-of-life care services.

Interim Healthcare will seek to establish partnerships with social service agencies, community health centers, and safety-net hospitals to ensure a coordinated approach to care for indigent patients. They will share resources, information, and expertise to address the broader social and healthcare needs of these patients beyond hospice services alone.

Interim Healthcare will train its staff to recognize and address the unique cultural, linguistic, and social needs of indigent patients. Interim Healthcare will ensure that the hospice care provided is sensitive to diverse backgrounds and respects individual beliefs, values, and traditions.

c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Interim Healthcare plans to develop a robust volunteer program to provide additional support to indigent patients and their families. Volunteers can offer companionship, emotional support, and practical assistance, enhancing the overall quality of care provided.

Interim Healthcare feels strongly that by incorporating these strategies into their care plan, their hospice service will effectively ensure that indigent patients in the service area have access to compassionate, high-quality end-of-life care, regardless of their financial circumstances.

6. Quality Control and Monitoring: *The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, another accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey, and/or other third party quality oversight organization. The applicant should inform the HSDA of any other hospice agencies operating in other states with common ownership to the applicant of 50% or higher, or with common management, and provide a summary or overview of those agencies' latest surveys/inspections and any Department of Justice investigations and/or settlements.*

Interim Healthcare of Montgomery County has developed a comprehensive plan for implementing a robust quality control system and monitoring process to ensure the delivery of exceptional healthcare services. As part of this plan, they are committed to seeking accreditation from the Community Health Accreditation Partner (CHAP), a respected accrediting body known for its stringent standards and commitment to quality.

To establish a strong quality control system, Interim Healthcare has in place a framework that encompasses various key elements. This includes rigorous recruitment, hiring, and training processes to ensure that healthcare providers possess the necessary qualifications and expertise. Regular competency assessments will be conducted to evaluate the ongoing proficiency of staff members, guaranteeing the highest level of care delivery.

In addition, Interim Healthcare will foster a culture of continuous learning and improvement, encouraging staff to stay updated with the latest research, best practices, and technological advancements in healthcare. They will actively engage in quality improvement initiatives, regularly reviewing and updating their policies, procedures, and protocols to reflect evidence-based practices and industry standards.

To monitor the effectiveness of their quality control system, Interim Healthcare will implement a comprehensive monitoring process. This will involve ongoing performance evaluations, patient feedback mechanisms, and regular audits to assess compliance with internal policies, external regulations, and CHAP standards. By closely monitoring their operations, they can identify areas for improvement, address any issues promptly, and ensure that quality standards are consistently met.

Seeking accreditation from CHAP is a key part of Interim Healthcare's commitment to quality control. CHAP accreditation signifies their dedication to meeting and exceeding the highest standards of care. By undergoing the rigorous accreditation process, Interim Healthcare demonstrates their accountability and commitment to providing exceptional services that align with industry best practices.

7. Data Requirements: *Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.*

Interim Healthcare of Montgomery County is fully committed to complying with the request to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services. As an organization that values transparency and accountability, they utilize industry-standard Electronic Medical Record (EMR) and reporting systems, which facilitate efficient and accurate data collection and reporting.

By utilizing EMR systems, Interim Healthcare maintains comprehensive and up-to-date records of patient care, service delivery, and operational data. These systems enable them to securely store and retrieve information, ensuring data integrity and confidentiality. With their robust EMR capabilities, they can easily generate reports and extract the required statistical data in a timely manner.

Interim Healthcare recognizes the importance of timely and accurate reporting to regulatory agencies and understands the significance of compliance with regulatory requirements. They are committed to providing the requested information to the Department of Health and/or the Health Services and Development Agency promptly, adhering to the specified timeframes and format.

8. Education: *The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.*

To educate physicians, other healthcare providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients, Interim Healthcare of Montgomery County plans to implement the following strategies:

a. **Educational Workshops and Seminars:** Interim Healthcare plans to organize educational workshops and seminars targeted for healthcare providers, hospital discharge planners, and public health nursing agencies. These sessions will cover topics such as the benefits of hospice care, eligibility criteria, the referral process, and the importance of timely referrals. Interim will invite expert speakers, including hospice professionals, physicians, and patient advocates, to share their insights and experiences.

b. **Continuing Education Programs:** Interim Healthcare will collaborate with medical associations, nursing organizations, and other professional groups to offer continuing education programs on end-of-life care and hospice services. Interim will provide accredited courses that addresses the specific needs of healthcare providers and highlights the benefits of early hospice referral. This will help healthcare professionals fulfill their continuing education requirements while increasing their knowledge and awareness of hospice care.

c. **Physician Outreach and Engagement:** Interim Healthcare will develop targeted outreach strategies to engage physicians and increase their understanding of the value of hospice care. This can include one-on-one meetings, grand rounds presentations, and participation in medical conferences or symposiums. Interim Healthcare will provide evidence-based research, case studies, and success stories that demonstrate the positive impact of timely hospice referrals on patient outcomes and quality of life.

d. **Collaborative Partnerships:** Interim Healthcare will establish collaborative partnerships with hospitals, healthcare systems, and medical groups to promote the importance of timely hospice referrals. Interim Healthcare will engage in joint educational initiatives, share educational materials, and participate in interdisciplinary meetings or case conferences to discuss end-of-life care options. Interim Healthcare will foster open communication channels between hospice staff and healthcare providers to address any concerns or misconceptions regarding hospice care.

e. **Educational Resources and Materials:** Interim Healthcare will provide informative materials, such as brochures, pamphlets, and online resources, that healthcare providers can distribute to their patients and colleagues. These resources will emphasize the benefits of hospice care, signs indicating the appropriateness of a referral, and contact information for the hospice company. Interim Healthcare will ensure that the materials are easily accessible, user-friendly, and available in multiple languages to ensure that minority groups are better served.

f. **Webinars and Online Training:** Interim Healthcare will utilize webinars and online training platforms to reach a broader audience of healthcare providers and professionals. Interim Healthcare will host webinars on topics related to end-of-life care, hospice services, and timely referrals. Interim Healthcare will offer online modules or courses that healthcare providers can complete at their convenience, providing them with essential knowledge and practical strategies for initiating hospice referrals.

g. **Case Studies and Data Sharing:** Interim Healthcare will share anonymized case studies and data that demonstrate the positive outcomes associated with timely hospice referrals. Interim Healthcare will highlight the impact on patient satisfaction, symptom management, caregiver support, and healthcare costs. This evidence-based approach can help build confidence and reinforce the importance of early referral.

h. **Networking and Collaboration Events:** Interim Healthcare will organize networking events, conferences, or interdisciplinary forums where healthcare providers, hospital discharge planners, public health nursing agencies, and other stakeholders can come together to discuss end-of-life care and hospice services. These events facilitate dialogue, knowledge sharing, and collaboration among professionals, ultimately enhancing understanding and promoting timely referrals.

i. **Support groups and grief camps:** Interim Healthcare plans to start support groups and grief camps specific for pediatric clients with advanced illnesses, we currently offer Pediatric Home Care service and know that many families of young children facing advanced illnesses would greatly benefit from care and

support services for children and teens. This in turn will allow for relationships to build and consequently will allow Interim Healthcare to serve young families with a greater capacity.

By implementing these strategies, Interim Healthcare will effectively educate healthcare providers, discharge planners, public health nursing agencies, and other community stakeholders about the importance of timely referrals for hospice patients. This education will promote a comprehensive approach to end-of-life care, leading to improved patient outcomes and enhanced quality of life.

12. Types of Care: *An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, and routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.*

Interim Healthcare of Montgomery County currently provides personal care and support services to Home Care Clients via Private Pay or through the TennCare choices program. General inpatient care and respite care will not be a capability provided by Interim Healthcare of Montgomery County.

13. Continuum of Care regarding the expansion from non-residential hospice services: *An applicant for residential hospice services that provides Hospice Services should explain how the residential hospice services will maintain or enhance the hospice services continuum of care to ensure patients have access to needed services. An applicant should provide assurances that it understand and will comply with any existing Medicare reimbursement requirements (e.g the provision of different levels of hospice care, including any total patient care day allowances) and evidence that there are a sufficient number of potential hospice service recipient that will enable it to so comply*

This Criteria is not applicable for this application

14. Assessment Period: *After approval by the HSDA of a residential hospice services CON application, no new residential hospice services CON application - whether for the initiation of services or for the expansion of services - should be considered for any county that is added to or becomes part of a services area until JAR data for residential hospice services can be analyzed and assessed by the Division to determine the impact of the approval of the CON.*

This Criteria is not applicable for this application

15. Service Area shall mean the county or contiguous countries represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside.

Service Area Demographics

Service Area	2022 Population	2026 Population	% Increase
Cheatham	41,212	41,790	1.4%
Montgomery	223,240	240,304	8.2%
Robertson	74,294	77,321	2.9%

16. Statewide Median Hospice Penetration Rate (SMHPR) shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee

The Statewide Median Hospice Penetration Rate (SMHPR) is a benchmark that indicates the average rate at which hospice services are utilized within a given state. For Tennessee, based on the data found in the 2022 JAR, the SMHPR is calculated to be 0.551 or 55.1%, representing the ratio of the mean annual number of hospice patients served to the mean annual number of deaths in the state.

17. Need Formula: The need for Hospice Services should be determined by using the following hospice need formula, which should be applied to each county in Tennessee.

	Hospice Patients Served			Total Hospice Deaths*			Hospice Penetration Rate
County Name	2020	2021	Mean	2020	2021	Mean	Mean Number of Patients/Mean Number of Deaths
Montgomery	786	650	718	1,752	1,964	1,858	0.386
Robertson	361	418	390	886	967	927	0.420
Cheatham	263	220	242	486	569	528	0.458
TOTAL	1,410	1288	1,349	3,124	3,500	3,312	0.407
Tennessee	47,827	48,762	48,295	84,194	91,127	87,661	0.551

Source: Joint Annual Report - Hospice Agencies and Tennessee Department of Health, Division of Policy, Planning and Assessment - Hospice Agency Need Projections (available upon request)

Conclusion

In Conclusion, opposing Home Health and Hospice Agencies continue to believe that new agencies are a threat to their revenue. The reality is that Tennessee ranks 37th in the nation when it comes to Hospice care and 42nd in the nation when it comes to health outcomes for those age 65 and older. The true question should be, what can we as healthcare providers do to increase access and quality of healthcare to the members of our community.

Without a doubt, there are many members in our community who continue to go without adequate healthcare and resources due to a lack of education and access. Educating our communities about the great resources that come with Home Care is essential to bridging the gap between healthcare.

Arguably, vetting Healthcare agencies through a CON process is essential, however it is important to acknowledge that options in the healthcare market are important for the consumer. Options in healthcare have been proven to be crucial in improving quality of care, and enhancing affordability. When multiple healthcare providers or organizations are available for patients, they are motivated to develop education and outreach campaigns, and improve practices to differentiate themselves and attract customers. This fosters a continuous cycle of improvement, where providers strive to deliver superior outcomes, reduce costs, and enhance patient experiences.

Moreover, options in healthcare encourages transparency, enabling patients to make informed choices based on quality and value. By fostering a competitive environment, healthcare systems are incentivized to deliver higher standards of care, advance medical knowledge, and ultimately benefit individuals and communities through better health outcomes.

Additionally, educating clients about home care can play a significant role in bridging the gap in healthcare disparities. By providing comprehensive information about available home care options, services, and resources, individuals from marginalized communities can gain a better understanding of their healthcare rights and access to essential care. Education empowers clients to make informed decisions, navigate complex healthcare systems, and advocate for their needs. By promoting awareness of home care as a viable and often cost-effective alternative to institutionalized care, individuals who face barriers such as limited mobility, transportation, or financial constraints can receive appropriate and personalized support. Moreover, culturally sensitive education initiatives can address specific disparities related to language, cultural norms, or beliefs, fostering trust and engagement between healthcare providers and clients. Ultimately, by ensuring equitable access to home care knowledge, we can contribute to reducing healthcare disparities and promoting better health outcomes for all individuals.

Unarguably, we have an aging population. The number of Americans ages 65 and older is expected to reach 80 million in 2040. The number of adults ages 85 and older, the group most often needing help with basic personal care, is expected to quadruple between 2000 and 2040.

By 2040, about one in five Americans will be age 65 or older. Sadly, Tennessee ranks among the bottom of states when it comes to caring for its most vulnerable adults. We need to do better by providing our communities with options and access to quality healthcare.

Interim Healthcare of Montgomery County seeks to address the principles for achieving better health. They are seeking to educate their community on the importance of home care including the resources that are provided with Home Health and Hospice Care. This will allow families to benefit from the support that in-home care provides.

ATTACHMENT 1N-4

DOB: (82 yo M) Acc No.

DOB: (82 yo M) Acc No.

REFERRAL

Reason For Referral:

Authorization No:

Authorization Type:

Reason: Needs assistance with ADLs- shower chair etc
Diagnosis: G89.29 - Other chronic pain
E/M Codes:
Procedures:
Visits Allowed: 3
Unit Type: V (VISIT)
Start Date: 01/19/2023
End Date: 01/19/2024

Notes:

01/23/2023 11:29:44 AM >Please fax eval date and time to Thank you
01/25/2023 12:11:07 PM > NHC not in network 02/01/2023 11:19:38 AM >Vandy HH
denied referral due to staffing 02/08/2023 10:33:09 AM >spoke with with and he
requested that I send referral to Clarksville

Clinical Notes:

Structured Data:

Provider NPI:

Electronically signed by on 02/08/2023 at 11:33 AM EST

DOB: (82 yo M) Acc No.

DOB: (88 yo F) Acc No.

DOB: (88 yo F) Acc No.

REFERRAL

Reason For Referral:

Authorization No:

Authorization Type:

Reason: Needs help with PT for lower back pain, LE pain and weakness and h/o FX of Left arm
Diagnosis: M34.9 - Scleroderma
E/M Codes:
Procedures:
Visits Allowed: 3
Unit Type: V (VISIT)
Start Date: 12/29/2022
End Date: 12/29/2023

Notes:

01/03/2023 04:26:12 PM > Please fax eval date to Thank you
01/05/2023 10:25:46 AM > NHC left vmail they are not in network with patient insurance. Will resend to another agency
01/05/2023 02:36:55 PM > Lifeline lft vmail they are not in network with insurance. Will send to another agency
01/10/2023 03:39:50 PM > Called Amedisys and they informed me she would be a non-admit due to staffing. Will send to another Home Health
01/11/2023 11:02:45 AM > Aveanna Home Health OON with Insurance.....

Clinical Notes:

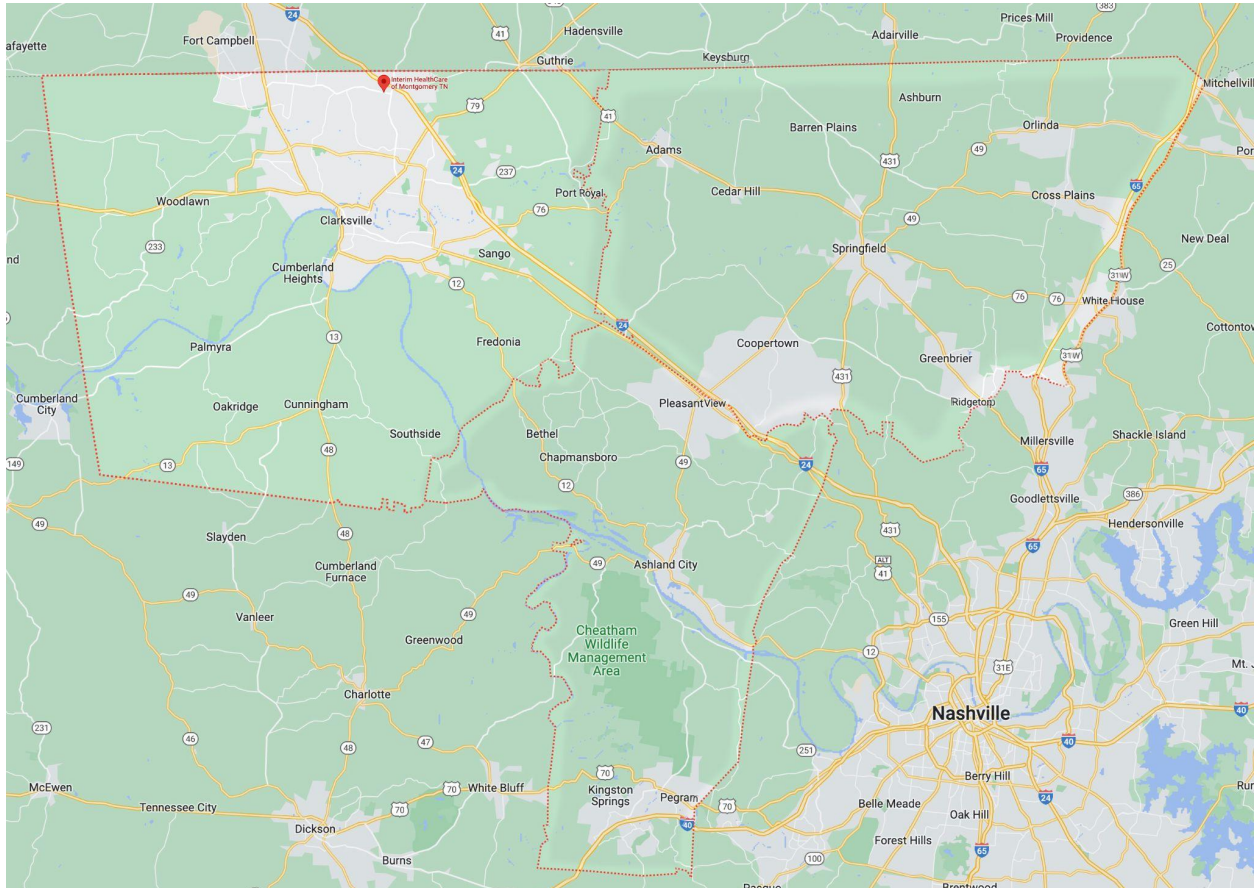
Structured Data:

Provider NPI:

Electronically signed by on 02/09/2023 at 12:25 PM EST

DOB: (88 yo F) Acc No.

ATTACHMENT 2N



The proposed service area for Interim Healthcare of Montgomery County encompasses Montgomery, Robertson, and Cheatham counties. This selection is based on multiple factors:

Community Need: Our analysis of home health needs, based on current state and federal data, as well as stakeholder consultations, reveals a clear and unmet demand for home health services in these counties. The use rate, which is lower than the state average, indicates an underserved population.

Demographics: As evidenced by the demographic data, these counties are experiencing population growth, particularly in the elderly cohort, which will likely necessitate increased home health services.

Existing Infrastructure: As we currently service all three counties, we have the infrastructure, including active staff, already in place, thus positioning us to effectively scale our services to meet increasing demand.

Rural Community Focus: The applicants' firsthand experience and understanding of the healthcare disparities faced by rural communities enable us to tailor our services to these particular needs. Given that parts of all three counties are rural, we believe this equips us with a unique advantage.

Minority Focus: As a minority-owned business, we are committed to addressing the health needs of racial and ethnic minorities. This focus aligns with the demographic makeup of these counties, which include substantial minority populations.

Please refer to the attached map, which illustrates our service area in the context of the state of Tennessee. The shaded regions represent Montgomery, Robertson, and Cheatham counties, which comprise our primary service area. At this time, we have not included counties from border states in our service area. However, we remain open to potential expansion in the future, based on evolving needs and strategic considerations.

As we continue to align our services with the needs of the community, our commitment is to provide top-quality, accessible home healthcare services to residents of these counties, thereby contributing to better health outcomes for our service population.

Proposed Service Area

Cheatham, Montgomery & Robertson County



ATTACHMENT 3N

Demographic Variable/Geographic Area	Department of Health/Health Statistics						
	Total Population-Current Year 2022	Total Population-Projected Year 2026	Total Population-% Change	*Target Population-	Target Population-	Target Population -	Target Population 2026 as % of Total
				65+	Project Year 2026	% Change	
				Current Year 2022			
Montgomery	235,204	240,304	2.17%	23,538	26,213	11.36%	10.91%
Robertson	75,473	77,321	2.45%	11,086	14,103	27.21%	18.24%
Cheatham	41,839	41,790	-0.12%	6,195	8,041	29.80%	19.24%
Service Area Total	352,516	359,415	1.96%	40,819	48,357	18.47%	13.45%
State of TN Total	7,051,355	7,203,404	2.16%	1,220,972	1,376,455	12.73%	19.11%

The service area for Interim Healthcare of Montgomery County covers three counties: Montgomery, Robertson, and Cheatham. As of 2022, the total population across these three counties is 352,516, and this figure is projected to grow by about 1.96% to reach 359,415 by 2026. This growth rate is comparable to the State of Tennessee's overall projected population increase of 2.16% within the same timeframe.

In the context of age demographics, our primary target population comprises individuals aged 65 and above, who are most likely to need home health services. Presently, there are 40,819 individuals in this age group within our service area. By 2026, this figure is expected to increase by 18.47% to 48,357. Notably, this growth rate surpasses the statewide projected increase of 12.73% for this demographic.

Examining each county individually:

Montgomery County: This county has the largest population within our service area, currently standing at 235,204. Notably, the growth rate here has exceeded prior projections; the original 2022 population projection for Montgomery County was 223,240, but the latest figures show that the actual population has reached 235,204, demonstrating a higher growth rate than initially anticipated. This population is projected to continue growing at a rate of 2.17% to reach 240,304 by 2026. Within this county, there are currently 23,538 individuals aged 65 and above. This figure is expected to grow by 11.36% to total 26,213 by 2026.

Robertson County: With a current population of 75,473, this county's population is expected to increase by 2.45% to 77,321 by 2026. There are currently 11,086 individuals aged 65 and above, a number expected to grow significantly by 27.21% to 14,103 by 2026.

Cheatham County: Despite the projected slight decrease of 0.12% in total population from 41,839 to 41,790 by 2026, this county is expected to see a substantial increase of 29.80% in its senior population. The number of individuals aged 65 and over is expected to grow from 6,195 to 8,041 in this timeframe.

In summary, the demographic data clearly underlines the increasing need for home health services in the proposed service area. This need is particularly significant given the substantial projected growth within the target senior population.

Demographic Variable/Geographic Area	Census Bureau			TennCare	
	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees*	TennCare Enrollees as % of Total
Montgomery	\$63,768.00	25,402	10.80%	49,934	21.23%
Robertson	\$67,597.00	7,925	10.50%	15,619	20.69%
Cheatham	\$69,132.00	3,598	8.60%	7,732	18.48%
Service Area Total	\$66,832.33	35,134	9.97%	73,285	20.79%
State of TN Total	\$58,516.00	958,984	13.60%	1,694,247	24.03%

The above data represents the demographic and socio-economic indicators for the three counties of Montgomery, Robertson, and Cheatham, which constitute the service area. Here's a summarized overview:

Median Household Income: The median household income in the service area is \$66,832.33, which is above the state average of \$58,516. Individually, the median household income is highest in Cheatham County (\$69,132), followed by Robertson County (\$67,597), and Montgomery County (\$63,768).

Persons Below Poverty Level: In the service area, there are a total of 35,134 persons living below the poverty level, representing approximately 9.97% of the total population. This is lower than the state average of 13.60%. Among the counties, Montgomery County has the highest number of persons living below poverty level (25,402, representing 10.80% of its total population), followed by Robertson County (7,925, 10.50%) and Cheatham County (3,598, 8.60%).

TennCare Enrollees: There are 73,285 individuals enrolled in TennCare within the service area, which represents 20.79% of the total population. This figure is slightly lower than the state average of 24.03%. Montgomery County has the highest number of TennCare enrollees (49,934, or 21.23% of its total population), followed by Robertson County (15,619, 20.69%) and Cheatham County (7,732, 18.48%).

In conclusion, while the service area demonstrates a higher median household income than the state average, it also has a significant proportion of individuals living below the poverty level and reliant on TennCare. This data underscores the need for accessible, affordable, and high-quality home health care services in the region.

ATTACHMENT 1N-8

LETTERS OF SUPPORT

Carole Spanel
580 Stratford Way
Clarksville TN 37043
Caspanel@yahoo.com
(303) 877- 6902
June 22, 2023

Subject: Letter of Support for Interim Healthcare for the addition of Home Health and Hospice Services

To Whom it May Concern:

I wanted to take a moment to express my support for the addition of home health and hospice services to complement the personal care and support services my Mom is currently receiving from Interim Healthcare. As someone who has seen firsthand the positive impact of home care services, I truly believe that integrating these services seamlessly will greatly improve the well-being and quality of life of seniors in our community.

By bringing together home health and hospice services with the existing care from Interim Healthcare, we can create a comprehensive support system that meets the evolving healthcare needs of our seniors.

Continuity of care is essential for a smooth transition between different healthcare services. When we make it easy for families to move between home care, home health, and hospice services, we provide them with a consistent and coordinated care experience. This continuity builds trust between care providers and family members, enabling better communication, shared knowledge, and effective collaboration throughout their care journey.

Moreover, this collaboration among all service lines will result in an integrated and patient-centered care network. By working together, we can improve outcomes and enhance the quality of care provided.

Thank you for considering my request and for your unwavering commitment to delivering exceptional care. If you need any additional information or documentation, please feel free to reach out to me.

Sincerely,



Carole Spanel

Sheri Link
Executive Director
Byrum-Porter Senior Center
9123 Hwy 49 E,
Orlinda TN 37141
6/29/2023

Tennessee Health Facilities Commission
501 Deaderik Street
Andrew Jackson Building, 9th floor
Nashville TN 37243

Dear Tennessee Health Facilities Commission,

I am writing to express my support for the establishment of a new home health and hospice agency. As the Director of Byrum-Porter Senior Center, I have the privilege of witnessing firsthand the importance of quality healthcare within our senior community.

The senior population is growing at an unprecedented rate, and with it, the need for specialized care and support. The fact that Home Health and Hospice agencies focus on delivering high-quality services directly to seniors in the privacy of their home is commendable and aligns perfectly with our mission to enhance the well-being and independence of older adults.

In my experience working with seniors, I have observed the challenges they face in maintaining their health and dignity as they age. Many seniors prefer to receive care in the comfort of their own home, surrounded by familiar faces and the warmth of their cherished memories. The commitment to delivering personalized care in a home setting resonates deeply with our seniors and their families.

Furthermore, Providing compassionate end-of-life care requires a delicate balance of expertise, empathy, and support, and I have every confidence that Erica in partnership with Interim Healthcare will excel in this important aspect.

I am particularly impressed by Interim Healthcare's comprehensive approach, which aims to offer a range of services, such as skilled nursing, physical therapy, emotional support, pain management and home care aides all under one umbrella. Providing these services will ensure that seniors receive the holistic care they deserve. This multidisciplinary approach not only addresses the immediate medical needs of our seniors but also supports their overall well-being.

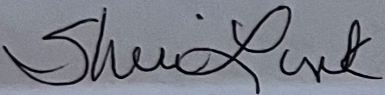
As the Director of Byrum Senior Center, I wholeheartedly endorse Interim Healthcare's desire to expand and serve our community.

I believe that their commitment to excellence and compassionate care will greatly benefit our senior community. I am confident that, with their expertise and dedication, they will make a positive difference in the lives of countless seniors and their families.

Should you require any assistance or collaboration from our Senior Center, please do not hesitate to reach out. We stand ready to welcome additional healthcare support within our community and we look forward to working together towards the shared goal of improving the lives of our senior population.

Thank you for your dedication and commitment to providing exceptional healthcare.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheri Link". The signature is fluid and cursive, with the first name "Sheri" written in a larger, more prominent script than the last name "Link".

Sheri Link
Executive Director
Byrum-Porter Senior Center

April Thomas
RN Case Manager
100 Northcrest Dr
Springfield, TN 37172
april.thomas3@hcahealthcare.com
615.698.3682

I am writing to you as a dedicated Case Manager in hopes to shed light on a crucial aspect of the home health and hospice landscape. While it may seem that there are an adequate number of agencies serving our community, it is important to recognize that each agency has distinct partnerships with insurance providers, creating differences and limitations in the services they can offer.

It is imperative to acknowledge that even with multiple agencies present, their insurance affiliations are unique and restricted. This distinction directly impacts the choice of providers available to patients, limiting their options based on the specific insurance coverage they hold. Therefore, while it may appear that there are numerous agencies available, each one caters to a specific subset of patients based on the insurances they accept.

By embracing multiple options for Home Care providers, we demonstrate our commitment to ensuring accessible care for as many patients as possible. By allowing diversity in Home Care, we empower patients to receive quality home health and hospice services without the added burden of limiting access.

As a Case Manager, it is my responsibility to advocate for the best interests of my patients, and that includes considering additional options for Home Care. It is my goal to continue to confidently refer patients knowing that they will have access to a comprehensive array of services without being constrained by restrictions to healthcare options.

I commend your considerations for embracing a diverse range of Home Care providers because doing so contributes to enhancing the options available to patients seeking home health and hospice services. This commitment to expanding access is a testament to our society's dedication to adequate patient care and support.

Thank you for your attention to this matter. Should you have any further questions or wish to discuss, please do not hesitate to contact me. I look forward to the possibility of additional options for Home Care in our community because our community deserves to receive the highest quality of care.

Sincerely,

A handwritten signature in black ink that reads "April Thomas RN". The signature is written in a cursive, flowing style.

April Thomas, RN
Case Manager

June 2023

Letter of Support for Interim Healthcare of Montgomery County

To Whom it May Concern,

I am writing to express my support for Interim Healthcare and its decision to expand into the realm of home health and hospice services, particularly in light of the increasing aging population and the pressing need for quality care providers.

As the aging population continues to grow, the demand for specialized and compassionate care for seniors becomes even more crucial. Interim Healthcare's expansion into home health and hospice services would help meet the evolving needs of this demographic. By extending their services, Interim Healthcare would fulfill the desire for personalized and dignified care that promotes independence and enhances the overall well-being of older adults.

Interim Healthcare's long standing reputation for delivering exceptional healthcare services positions them as a trusted provider in the industry. Their commitment to recruiting and training highly skilled healthcare professionals ensures that seniors receiving care will benefit from the expertise and compassionate approach that Interim Healthcare is renowned for. By expanding into home health and hospice services, Interim Healthcare is further strengthening their ability to meet the unique needs of seniors and provide them with the comprehensive care they deserve.

The aging population deserves quality care providers who understand their distinct needs and can provide tailored solutions that enhance their quality of life. Interim Healthcare's decision to expand into home health and hospice services exemplifies their commitment to serving this population and ensuring that seniors can age with dignity, comfort, and support.

In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

 RV

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,



Lisa Fleming RN

June 2023

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Sincerely,

Theresa Marsh, RN

June 2023

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Sincerely,

Joy Mitchell, RN
Case Manager

June 2023

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Sincerely,

Alexia Jones, MSW

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,

Amber Knuckles, RN

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,

A handwritten signature in cursive script, reading "Ann McLeavey RN". The signature is written in dark ink and is positioned below the "Sincerely," text.

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,

A handwritten signature in black ink, appearing to read "Adam RN". The signature is fluid and cursive, with the letters "A", "H", "U", "M", and "R" being prominent. The "N" is a simple, slightly stylized flourish at the end.

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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Sincerely,

Kathleen Hynoh, RN

June 2023

Letter of Support for Interim Healthcare of Montgomery County

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As the aging population continues to grow, the demand for specialized and compassionate care for seniors becomes even more crucial. Interim Healthcare's expansion into home health and hospice services would help meet the evolving needs of this demographic. By extending their services, Interim Healthcare would fulfill the desire for personalized and dignified care that promotes independence and enhances the overall well-being of older adults.

Interim Healthcare's long standing reputation for delivering exceptional healthcare services positions them as a trusted provider in the industry. Their commitment to recruiting and training highly skilled healthcare professionals ensures that seniors receiving care will benefit from the expertise and compassionate approach that Interim Healthcare is renowned for. By expanding into home health and hospice services, Interim Healthcare is further strengthening their ability to meet the unique needs of seniors and provide them with the comprehensive care they deserve.

The aging population deserves quality care providers who understand their distinct needs and can provide tailored solutions that enhance their quality of life. Interim Healthcare's decision to expand into home health and hospice services exemplifies their commitment to serving this population and ensuring that seniors can age with dignity, comfort, and support.

In light of these considerations, I wholeheartedly endorse Interim Healthcare's expansion into home health and hospice services. Their dedication to excellence, compassion, and person-centered care positions them as an invaluable resource in meeting the growing needs of our aging population.

Sincerely,

A handwritten signature in cursive script that reads "Erin Waters".

Erin Waters, MD
erinmhwaters@gmail.com
808-353-1595

Johnna Hudgins, RN
Case Manager Director
100 NorthCrest Drive
Springfield, TN 37172
Johnna.hudgins@HCAhealthcare.com
615.982.4545

I am writing to advocate for the need to expand the availability of home health and hospice in our area. As a Case Manager, I am witness to the growing demand for quality home care services and the challenges faced by patients and their families in accessing suitable care options.

Home health agencies play a vital role in providing personalized care to individuals facing chronic illnesses, disabilities, and recovery from medical procedures. These agencies empower patients to regain their independence and live with dignity within the comfort of their homes.

Similarly, hospice agencies provide invaluable comfort and support to patients nearing the end of their lives. By delivering compassionate care, they ensure that individuals and their families navigate this challenging journey with dignity and peace.

Unfortunately, our current healthcare infrastructure falls short in meeting the growing demand for these services. Patients face limited resources, delaying them from the care they urgently require.

With the aging population and the increasing number of individuals with chronic illnesses, there is a necessity for a greater range of home care services. While there are currently a few reputable home care companies in our area, the demand far exceeds the supply. By welcoming new home care companies to our community, we can address the gap in healthcare access and ensure that individuals receive timely and appropriate care in the comfort of their own homes.

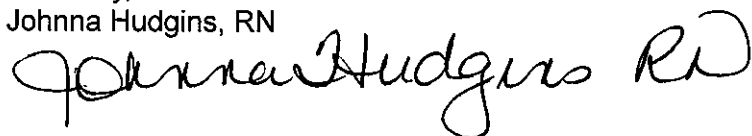
By expanding home health and hospice agencies, we can transform lives, reduce hospital readmissions, and provide cost-effective care that aligns with our values of compassion and empathy.

Therefore, I strongly urge the consideration and support for the establishment of additional home care companies in our area. As a professional dedicated to advocating for the safe discharge of my patients, I know there's a growing demand for home care services and how important it is to have options.

Thank you for your attention to this matter.

Should you have any further questions or require additional information, please do not hesitate to contact me.

Sincerely,
Johnna Hudgins, RN

A handwritten signature in black ink that reads "Johnna Hudgins RN". The signature is written in a cursive, flowing style.

Case Manager Director

Tennessee Health Facilities Commission
501 Deaderik Street
Andrew Jackson Building, 9th floor
Nashville TN 37243

Letter of Support for Interim Healthcare of Montgomery County

Dear Tennessee Health Facilities Commission,

I am writing this letter to express my unwavering support for Interim Healthcare and its commitment to providing culturally sensitive home care services. As a minority family, we understand firsthand the challenges faced by individuals who require care that respects and embraces their unique cultural background.

When it comes to healthcare, it is essential to consider the specific cultural values, traditions, and beliefs that shape an individual's identity. We firmly believe that by recognizing and honoring these cultural nuances, the quality of care can be greatly enhanced, fostering a sense of trust, comfort, and overall well-being for those receiving care.

Having encountered numerous healthcare providers in the past, we can attest to the profound impact of receiving care from professionals who truly understand and appreciate our cultural heritage. Interim Healthcare's dedication to cultural competence and its emphasis on delivering care that is sensitive to our traditions and values is both commendable and necessary.

We have been impressed by Interim Healthcare's desire to build a diverse team of caregivers who are not only highly skilled but also understanding of the communities they serve. Their commitment to recruiting and training staff members who are well-versed in our culture gives us confidence that our loved ones will be in capable and understanding hands.

We welcome diversity in healthcare because we know it can only have a positive impact in the lives of other minority families. By recognizing and embracing culture, we can foster an environment where our unique needs and preferences are not only understood but celebrated.

Please know that we fully support Interim Healthcare and its mission to deliver culturally sensitive home care services. We are grateful for the difference they are making in our community and for the compassionate care they provide to our loved ones.

Warm regards,

A handwritten signature in cursive script that reads "Melissa Brown". The signature is written in dark ink and is positioned above the printed name.

Melissa Brown

Current Client of Interim Healthcare of Montgomery County

June 2023

To Whom it May Concern:

We are writing to express our support for the establishment of a new home health and hospice agency in our rural community. As active members of our community, we believe that introducing such services would bring immense benefits and greatly enhance the well-being of our residents.

Living in a rural area can often present unique challenges when it comes to accessing quality healthcare services. Our community members often face geographic barriers, limited transportation options, and a scarcity of healthcare facilities. These factors can significantly impede our ability to receive the necessary care, particularly for individuals with chronic illnesses or those nearing the end of their lives.

The presence of a dedicated home health and hospice agency in our community would address these challenges head-on. By offering comprehensive and compassionate care in the comfort of our own homes, this agency would bridge the gap in healthcare accessibility and ensure that our residents receive the support they need during their most vulnerable times.

One of the most significant benefits of introducing a home health and hospice agency in our community is the establishment of continuity of care. This concept ensures that patients can receive consistent, personalized, and holistic care from a team of dedicated healthcare professionals. Continuity of care helps build strong patient-provider relationships, enhances patient satisfaction, and ultimately leads to improved health outcomes.

The introduction of a new agency would not only provide much-needed healthcare services but also contribute to the overall health and stability of our community. Patients would be able to remain in familiar surroundings, surrounded by loved ones, which fosters a sense of belonging and emotional well-being. This, in turn, strengthens the social fabric of our community and promotes the overall resilience of our residents.

Furthermore, a home health and hospice agency would alleviate the burden on other healthcare resources, including hospitals and emergency departments. By providing proactive and preventative care, this agency would help prevent unnecessary hospital admissions and readmissions. This would improve the efficiency of our healthcare system and reduce healthcare costs for both patients and payers.

Given the immense benefits that a home health and hospice agency would bring to our rural community, I implore you to seriously consider and support the establishment of this much-needed service. By supporting a new agency, we can ensure that our residents have access to high-quality healthcare services that truly meet their needs.

Sincerely,
Senior Citizens of Robertson County
Byrum Porter Senior Center
9123 Hwy 49 E, Orlinda TN 37141

Sherril Link
Cindy Story
Carol Wakefield
Andy Spraley
Annelia Wright
Kathryn Tucker
Rick Warren
Glynis Gessner
Marilyn White
Ernest Ware
D. Lee
Helen Graves
Karen Broyles
Daisy Eden
Mancie King
Beverly Lewis
Janet Fordley
Vanda Inez
Joy Choate
Linda Refranco
Linda Halcomb
Nancy Hoostree

Diane Campbell
Mary Owens
Deborah Inelley
Doris Fuston
Carol Wakefield